

**BALTIMORE CITY
HEALTH DEPARTMENT**

**BUREAU OF
VITAL STATISTICS**

Birth Record

1892-1895

L00610-L01215

CR 77,462

MSA CM1135

Esther
vol. 2

~~375~~ - Apr. 1892.
225 " 1893

L = Stands for Lost Numbers

Numbered in 1926

more under whose charge the birth is registered, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be obtained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 7

4. Place of Birth, (Street and Number) Poppleton St. No. 11

5. Full Name of Mother, Margaret White

6. Mother's Maiden Name, Mrs. Margaret

7. Mother's Birthplace, Germany

8. Full Name of Father, Andrew Saint

9. Father's Occupation, Shoe Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mrs. Saint

Address, 1600 Poppleton St. No. 11

Remarks, 1600 Poppleton St. No. 11

and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any persons or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH **A** L00611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *White first*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *28 Nov*

4. Place of Birth, (Street and Number) *631 Walsh St*

5. Full Name of Mother, *Kath. hoty Madin*

6. Mother's Maiden Name, *M. Ading crane hoty*

7. Mother's Birthplace, *Baltimore County*

8. Full Name of Father, *George bowler*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Long*

Address, *1035 Walsh St*

Remarks, *Nov*

and ordained that every person practicing midwifery in the City of Baltimore, shall keep a book or books, in which he or she shall enter the names of all children born in the City of Baltimore, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH A 100611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	White first
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	28 Nov 1899
4. Place of Birth, (Street and Number)	631 Walsh St
5. Full Name of Mother,	Kath. hoty Madin
6. Mother's Maiden Name,	Madine crane hoty
7. Mother's Birthplace,	Baltimore County
8. Full Name of Father,	George bowler
9. Father's Occupation,	Painter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Dorsey
Address,	1035 Walsh St
Remarks,	Non

Extract Regulations of the Health Department to secure a full and correct
Record of Vital Statistics in the City of Baltimore.

SECTION 7. - And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under the laws of the State, or attending a birth, shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period hereinafter required; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered by other fines and forfeitures are recovered.

GIVEN NAME ADDED: 2/23/55

RETURN OF A BIRTH.

L00612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Guy William Hilditch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

November 24, 1892

4. Place of Birth, (Street and Number)

1545 Race St

5. Full Name of Mother,

Kate Hilditch

6. Mother's Maiden Name,

Kate Hilditch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Winfield Hilditch

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Balmain Horning

Address,

1577 Byrd St

Remarks,

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 1. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall heretofore take place, shall keep a true and correct register of such births and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and if any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subjected to the fine of ten dollars or each offense, to be recovered in either fines and forfeitures recoverable.

RETURN OF A BIRTH **L00613**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 8-8-56

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *1892* *24th day November.*
4. Place of Birth, (Street and Number) *No 111 Fremont ave.*
5. Full Name of Mother, *Ema Gibbre.*
6. Mother's Maiden Name, *Ema Raccoffe.*
7. Mother's Birthplace, *Baltimore City.*
8. Full Name of Father, *Christof Gibbre.*
9. Father's Occupation, *Laborer.*
10. Father's Birthplace, *Baltimore City.*
Name of Medical Attendant, or other person who makes this Return, *Mrs Stannely.*
Address, *No 1635 Little Walnut St*
Remarks, *Dom. Name: Mary Elizabeth*

Extract regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female Alice UTHOFF
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov: 19. 1892
4. Place of Birth, (Street and Number) 643 W. Baltimore St
5. Full Name of Mother, Sarah Grimmer Uthoff
6. Mother's Maiden Name, Wilhelm
7. Mother's Birthplace, Labanon Pa
8. Full Name of Father, Richard D. Uthoff
9. Father's Occupation, Manuf. Agent
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return. C. E. Williams
- Address, 900 Madison Ave
- Remarks,

RETURN OF A BIRTH. L00615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Y. L. K.

3. *Date of Birth.* Jan 3, 1892

4. Place of Birth, (Street and Number) 128 Monford Ave.

5. Full Name of Mother, Jennie Thadler

6. Mother's Maiden Name, Annie Marymaol

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Thayer

9. *Father's Occupation.* ✓ Laborer

10. *Father's Birthplace,* *Baltimore*

Name of Medical Attendant, or other person who makes this Return, Mary L. Swaine

Address, 226 Lexington St

Remarks,.....

Record of Vital Statistics in the City of Baltimore

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during each month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been so named, the sex, color, the full name and occupation of its parents, the date and place of birth; and the date of delivery. The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the attendance of a physician or practitioner of midwifery, or should no other person be in attendance with the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall, at the time and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Registrar of Health, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 8.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall, at the time and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Registrar of Health, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 23rd
4. Place of Birth, (Street and Number) 1513 Thanne St
5. Full Name of Mother, Franci Vicher
6. Mother's Maiden Name, 1. Barynska
7. Mother's Birthplace, Poland
8. Full Name of Father, Vincent Vicher
9. Father's Occupation, Saloner
10. Father's Birthplace, Poland
- Name of Medical Attendant, or other person who makes this Return, Mary Kroszka
- Address, 806 Thane St.
- Remarks, _____

Record of Vital Statistics in the City of Baltimore

SECTION 2.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full names of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind who report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, 22 of Jan 1892

4. Place of Birth, (Street and Number) 334 S. Caroline St

5. Full Name of Mother, Mary J. Casper

6. Mother's Maiden Name, Harriet

7. Mother's Birthplace, Seashore, Va

8. Full Name of Father, John J. Casper

9. Father's Occupation, Electrician

10. Father's Birthplace, Charleston, D.C.

Name of Medical Attendant, or other person who makes this Return, Abel J. Casper

Address, 2024 E. Pratt St

Remarks, Living Well

REGISTRARS OF THE BOARD OF HEALTH TO SECURE A FULL AND CORRECT
RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, L00619

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- NOV 26 1891
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second
- Sex (state whether male or female) Male
- Race or Color, (if not of the white race) White
3. Date of Birth 20th Nov
4. Place of Birth, (Street and Number) Baltimore Harbor St. No. 1
5. Full Name of Mother Bridget Mary Chambers
6. Mother's Maiden Name Bridget Mary Stapleton
7. Mother's Birthplace Ireland
8. Full Name of Father Charles Lockman Chambers
9. Father's Occupation Mariner
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. _____
- Address _____
- Remarks _____

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately before or after the birth, the person or persons attending the mother or child to or from its birth to the City of Health, shall be liable to the same penalties as are provided for in any such person or persons who shall hereafter fail to comply with the provisions of this section. Shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 20th
4. Place of Birth, (Street and Number) Lancaster 1733
5. Full Name of Mother, Mary Urban
6. Mother's Maiden Name, Yorvack
7. Mother's Birthplace, Rosport Urban
8. Full Name of Father, Salvator
9. Father's Occupation, Poland
10. Father's Birthplace,
- Name of Medical Attendant, or other person who makes this Return, Mary Krotzka
- Address, 88 Ct Elm St.
- Remarks,

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall be and is hereby required to register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Return of Birth Statistics in the City of Baltimore.

RETURN OF A BIRTH. L00621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20th November 1892

4. Place of Birth, (Street and Number) Windsor St 200

5. Full Name of Mother, Lina N. N. N.

6. Mother's Maiden Name, Doherty

7. Mother's Birthplace, Germania

8. Full Name of Father, Julius N. N.

9. Father's Occupation, W. N. N.

10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, _____

Address, Thurston Schway Fort Eby No 434

Remarks, _____

Record of Vital Statistics in the City of Baltimore

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *20 of Jan 1892*
4. Place of Birth, (Street and Number) *322 E Patterson Park*
5. Full Name of Mother, *Mary E Leonard*
6. Mother's Maiden Name, *Mills*
7. Mother's Birthplace, *Dorchester Co Md*
8. Full Name of Father, *James L Leonard*
9. Father's Occupation, *carpenter, packer*
10. Father's Birthplace, *Dorchester Co Md*
- Name of Medical Attendant, or other person who makes this Return, *M. C. Danvers*
- Address, *2024 E Pratt St*
- Remarks, *Going Well*

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred its color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, or should no other person be in attendance upon the mother, immediately thereafter, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner herein provided, shall be required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 November 1892
4. Place of Birth, (Street and Number) 110 Tremont St.
5. Full Name of Mother, Eather Polman
6. Mother's Maiden Name, Goldstein
7. Mother's Birthplace, Russia
8. Full Name of Father, Simon Polman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, Goldman
- Address, _____
- Remarks, _____

And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the date and place of birth; and the sex, color, the full name and occupation of the mother, in case the mother is a native-born child, the date of birth, and the name of the practitioner of midwifery, or should no other person be present at the birth, the name of the child, the name of the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L00624**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 Nov
4. Place of Birth, (Street and Number) 1526 Belair Av.
5. Full Name of Mother, Mary Rittard
6. Mother's Maiden Name, Mary Orland
7. Mother's Birthplace, Germany
8. Full Name of Father, Francis Rittard
9. Father's Occupation, Beer Brewer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Mrs. Brown
- Address, 1600 N. Chester St.
- Remarks, _____

Section 10. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L00625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1892
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other person who makes this Return,.....

Address,.....

Remarks,.....

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been received, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time hereby required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 31st 92.

4. Place of Birth, (Street and Number)

1116 York road

5. Full Name of Mother,

Annie E. Drechsler

6. Mother's Maiden Name,

Hartzel

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

George J. Drechsler

9. Father's Occupation,

Letter Carrier

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other person who makes this Return,

J. H. Hartman

Address,

815 Jefferson Ave

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the first name of each child, if any shall have been born, the sex, the date of birth, the place of birth, the name of the mother, the name of the father, the name of the medical attendant, the name of the person who makes the return, and the name of the person who registers the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

OTHER NAME ADDED. 12-22-54
RETURN OF A BIRTH. L00627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Enoch Brisson Tucker

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *October 3^d 1892.*
4. Place of Birth, (Street and Number) *2136 Mc Culloch St.*
5. Full Name of Mother, *Beal Tucker*
6. Mother's Maiden Name, *Beal Bentley.*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *Charles E. Tucker*
9. Father's Occupation, *Inspector of Steam Boilers.*
10. Father's Birthplace, *Washington D.C.*
- Name of Medical Attendant, or other person who makes this Return, *John H. Harrington M.D.*
- Address, *1716 Lincoln Ave.*
- Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conceived), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the practitioner of midwifery shall become the duty of the person or persons of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 100528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Oct 22/92*

4. Place of Birth (Street and Number), *123 N Fremont*

5. Full Name of Mother, *Mary Price*

6. Mother's Maiden Name, *Mary Price*

7. Mother's Birthplace, *Boston Mass.*

8. Full Name of Father, *James H Price*

9. Father's Occupation, *Salesman*

10. Father's Birthplace, *New York*

Name of Medical Attendant, or other person who makes this Return, *Superintendent of Health*

Address, *330 Art Charles St*

Remarks, *Breathed 3 or 4 times - Death Appear
Prolonged 2nd Stage - Forceps Long*

Lawson, Registrars of the Bureau of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 100029

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female).

F.

2. Race or Color, (if not of the white race).

W.

3. Date of Birth,

Nov. 26th 1892

4. Place of Birth, (Street and Number)

1921 E. Boston St.

5. Full Name of Mother,

Maggie Barry

6. Mother's Maiden Name,

McKew

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John Barry

9. Father's Occupation,

Rail Road Overseer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

H. J. Reynolds M.D.

Address,

2004 W. Paul St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall file with the Registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, date and place of birth; and the day of each delivery, the name and occupation of its parents, the date and place of birth; and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the name of the Commissioner of Health. In case the birth of any child shall occur in the City of Baltimore, and the parent or parents of such child shall fail to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third 3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 12th 1892

4. Place of Birth, (Street and Number)

1290 N. Frederick St.

5. Full Name of Mother,

Mary Wick

6. Mother's Maiden Name,

Mary Bohrer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Conrad Wick

9. Father's Occupation,

Druggist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs. Emma Meyer

Address,

543 N. Frederick St.

Remarks,

SECTION 2.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same in a schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which shall be entered therein, and shall set forth as far as the same can be ascertained the full name, date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth of the child, and shall also contain a statement of the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d of 8*
1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *November 8th 1892*
 4. Place of Birth, (Street and Number) *410 Baltimore Alley*
 5. Full Name of Mother, *Emilia Guzman*
 6. Mother's Maiden Name, *Emilia Pickney*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Charles Guzman*
 9. Father's Occupation, *Fireman*
 10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Mrs Anna H. H. H. H.*
- Address, *543 N. E. H. H. H.*
- Remarks, _____

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose supervision a birth shall hereafter take place, shall keep a true and correct register of such births and deaths, and shall set forth as far as the same can be ascertained, the date, time, place, sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8. 1st of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child
1. Sex, (state whether male or female) Set Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 24th November 1872
4. Place of Birth, (Street and Number) 509 W. Preston Street
5. Full Name of Mother, Mary A. Margaret
6. Mother's Maiden Name, Mary A. Margaret
7. Mother's Birthplace, Calvert County Md
8. Full Name of Father, Frank Johnson
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other person who makes this Return, Horatio Potaine
- Address, 509 W. Preston Street
- Remarks, _____

Record of Vital Statistics in the City of Baltimore.
Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under the license of the Board of Health, shall keep a true and correct register of such births as shall be entered by him or her, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said register shall be delivered, duly signed by the practitioner of midwifery, to the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, and should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time and under the penalty hereinafter provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race)

3. Date of Birth, 27 Nov.

4. Place of Birth, (Street and Number) 1236 Eager st.

5. Full Name of Mother, Nina Boesch

6. Mother's Maiden Name, = Thüfisch

7. Mother's Birthplace, Germ.

8. Full Name of Father, Henri Boesch

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return Anna Walter

Address, 928 N. Cal St.

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. *Date of Birth,*

4. *Place of Birth (Street and Number),*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Fult Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, who shall charge or superintendence a birth shall and lawfully take place, shall keep a true and correct register of the same, which shall be submitted to the Commissioner of Health, and the said register shall be furnished by the Commissioner of Health to the Registrar of the city of Baltimore, who shall cause the same to be entered in a blank schedule to be furnished by the Commissioner of Health, and the said schedule shall contain a list of the names of the persons who have practiced midwifery in the city of Baltimore, and shall set forth as far as the same can be ascertained the name, date and place of the first and last birth, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and last birth, and shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the death of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the Commissioner of Health, or his assistant, shall become the duty of the person or persons who shall be present during the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as and for damages and for the costs of this act.

Record of Vital Statistics in the City of Baltimore.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter occur, shall be and correct the register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. The said schedule shall contain a list of the births which have occurred under his or her care during the month, and shall include the sex, color, the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the Commissioner of Health, on the third day of every month, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and to the effect provided for in this section. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. AL00635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Boy
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, November 25 Baltimore 1892
 4. Place of Birth, (Street and Number) Baltimore Schroder St. 126A
 5. Full Name of Mother, Sarah Rogers
 6. Mother's Maiden Name, Sarah Plamryn
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, George Rogers
 9. Father's Occupation, Policeman
 10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Charlotte Mitchell
- Address, No 216 Parkin St
- Remarks, _____

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall be in the charge or superintendence of a birth, shall hereafter take place, shall keep a true and correct record of such births, and enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain the name of the mother, the name of the child, the date and place of birth, the sex, color, the full name and occupation of its father, the name of the practitioner of midwifery, or should no other person be present, the name of the physician or practitioner of midwifery, or should no other person be present, the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. L00036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
 2. Race or Color, (if not of the white race)
 3. Date of Birth,
 4. Place of Birth, (Street and Number)
 5. Full Name of Mother,
 6. Mother's Maiden Name,
 7. Mother's Birthplace,
 8. Full Name of Father,
 9. Father's Occupation,
 10. Father's Birthplace,
- Name of Medical Attendant, or other person who makes this Return,
- Address,
- Remarks,

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of such births and shall enter therein the name of the mother, the name of the child, the date of birth, the sex, the color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. *A100537*
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 20th Baltimore 1892*

4. Place of Birth, (Street and Number) *Baltimore Seaton St 201*

5. Full Name of Mother, *Dela Neomvel*

6. Mother's Maiden Name, *Dela Murphy*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joe Neomvel*

9. Father's Occupation, *Truckster*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Charlotte Mitchell*

Address, *No 216 Parkers St*

Remarks, _____

Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted, that every person practicing midwifery in the City of Baltimore under any name or title, shall be bound to keep a true and correct register of such births, and shall enter therein the name of the mother, the name of the child, the sex, color, date of birth, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

100638

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4^d,

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, November 16 1872

4. Place of Birth, (Street and Number) 911 N. Lexington St

5. Full Name of Mother, Lene Lorenz

6. Mother's Maiden Name, Lene Papenberg

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Lorenz

9. Father's Occupation, Tailor

10. Father's Birthplace, Linora Spormere

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 2311 Poppleton St

Remarks,

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or supervision a birth shall occur, shall register the same in the City of Baltimore Register of Vital Statistics in the City of Baltimore, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child is attended upon by a midwife, or other person, who shall become the legal guardian of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 12th 1890

4. Place of Birth, (Street and Number) 110 W. Lexington Ave

5. Full Name of Mother, Elizabeth Kleinpen

6. Mother's Maiden Name, Elizabeth Staumann

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Kleinpen

9. Father's Occupation, Painter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall file the same with the Commissioner of Health, on or before the first day of the month, and shall keep the same open for the full term of one year, and shall be liable to the same penalties as are provided for in the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, and shall be subject to the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. ^A100640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 12th 1892
4. Place of Birth, (Street and Number) 2104 A. Land Ave.
5. Full Name of Mother, Carrie Trinitie
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Trinitie
9. Father's Occupation, Staylor
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Mary K. P. W.
- Address, 205 N. Washington St.
- Remarks, _____

Record of Vital Statistics in the City of Baltimore.
And he if further extended and provided that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother or person who shall report its birth to the Commissioner of Health, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr 12th 1892

4. Place of Birth, (Street and Number) 2136 McEllissey St.

5. Full Name of Mother, Amie Bertel

6. Mother's Maiden Name, Germann

7. Mother's Birthplace, Prussia

8. Full Name of Father, Theodor Bertel

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Henry Koster

Address, 106 1/2 Washington St.

Remarks, _____

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 7. Every person practicing midwifery in the City of Baltimore, and every person who shall be employed by a midwife, shall be licensed by the Commission of Health. This license shall be given on a license schedule, to be furnished by the Commission of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, fully signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, or if the child shall be born in the home of the mother, the mother shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: William Schildwachter
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 7th 1892
4. Place of Birth, (Street and Number) 2377 Mulliman St.
5. Full Name of Mother, Maggie Schildwachter
6. Mother's Maiden Name, Schildwachter
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Schildwachter
9. Father's Occupation, Taylor
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Mary Kaptis
Address, 206 N. Washington St.
Remarks,

June 25, 1942
Name added and surname corrected
from Baptismal record and corrected
discharge record.
Document file A-00642
J. Seaman
Administrative Assistant

Record of Vital Statistics in the City of Baltimore.

And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and such schedule shall contain a list of the births which have occurred under his or her care during the year in which they occur, and shall be filed in the office of the Commissioner of Health, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00843
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 4th.
1. Sex, (~~state whether male or female~~)
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Nov 12th 1942.
4. Place of Birth, (Street and Number) 735 1/2 W. Mulberry St.
5. Full Name of Mother, Elizabeth C. Sheard.
6. Mother's Maiden Name, Elizabeth C. Hillman.
7. Mother's Birthplace, Baltimore City, Md.
8. Full Name of Father, Frank L. Sheard.
9. Father's Occupation, Paper Huler.
10. Father's Birthplace, Philadelphia, Pa.
Name of Medical Attendant, or other person who makes this Return, John I. Kroger, M.D.
Address, 662 W. Lexington St.
Remarks,

Section 5. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall take place, shall be furnished by the Commissioner of Health with a schedule containing a list of the births which have occurred under his or her care during the month and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and in case no person be in attendance upon the midwifery, the receipt shall become due within the period above required, and the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

W/4 J. C BULANY CO CITY PRINTERS AND STATIONERS

And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have taken place during the month, and shall set forth as far as possible the name of the mother, the date and place of birth, and the sex of the child, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period already prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 10 1892
4. Place of Birth, (Street and Number) No 1644 N Charles st
5. Full Name of Mother, Jennie Britol
6. Mother's Maiden Name, Jennie Nelson
7. Mother's Birthplace, Baltimore city md
8. Full Name of Father, Charles Britol
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore city md
Name of Medical Attendant, or other person who makes this Return, Elizabeth Hinton
Address, No 1422 Hanover st
Remarks,

Record of Vital Statistics in the City of Baltimore
Section 7. - And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose care and attendance a birth shall hereafter take place, shall keep a Commission of Health. This schedule shall contain a list of the births which shall be entered under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the sex, color, race, and name of the child, and the name and occupation of its parents, the date and place of birth, and the name and occupation of the midwife. In case the birth of a child shall occur on the third day of the month, the midwife shall sign the schedule by the practitioner in the form of a certificate between the first and third day, without the attendance of a physician or practitioner of Health. In the name of the midwife, or person of such child to report its birth to the Commissioner of Health, in the manner and during the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 9th*
4. Place of Birth, (Street and Number) *19 North High St*
5. Full Name of Mother, *Anna Cohen*
6. Mother's Maiden Name, *Agad Craymitch*
7. Mother's Birthplace, *Poland*
8. Full Name of Father, *Myrl Cohen*
9. Father's Occupation, *Teacher*
10. Father's Birthplace, *Poland*
- Name of Medical Attendant, or other person who makes this Return, *Mrs Craymitch*
- Address, *19 North High St*
- Remarks,

Record of Vital Statistics in the City of Baltimore.

And he it further enacted, that every person practicing midwifery in the City of Baltimore, under whose charge a birth shall hereafter take place, shall, before the birth, and at the time of the birth, enter the same on blank schedule furnished by the Commissioner of Health. The schedule shall contain a list of the births which shall occur under his or her care, during the month. The schedule shall set forth as far as the same can be ascertained, the full name of each child, its sex, color, the date and hour of its birth, and the name of its mother, and the name of the practitioner of the midwifery, and the date and hour of the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the duty of the person or persons of such attendance upon the birth, shall be to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-3-55
RETURN OF A BIRTH. 100647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Junker
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3^d*

1. Sex, (state whether male or female) *Matchen*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *8th November 1892*

4. Place of Birth, (Street and Number) *Elmen St No 506*

5. Full Name of Mother, *Magdalena Junker*

6. Mother's Maiden Name, *Hentzel*

7. Mother's Birthplace, *Germania*

8. Full Name of Father, *Richard Junker*

9. Father's Occupation, *Wall Painter*

10. Father's Birthplace, *Germania*

Name of Medical Attendant, or other person who makes this Return, *Maroline Schwarz*

Address, *Tail Eby No 434*

Remarks, _____

Record of Vital Statistics in the City of Baltimore. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct record of each birth, and shall enter the same on the schedule to be furnished by the Commission of Health. This schedule shall contain the full name of the mother, the name of the father, the date of birth, the sex, the race or color, the place of birth, the full name of the mother, the mother's maiden name, the mother's birthplace, the full name of the father, the father's occupation, the father's birthplace, the name of the medical attendant, or other person who makes this return, and the address of the mother. And be it further enacted and ordained that any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 8 November 1892

4. Place of Birth, (Street and Number) Bayle St Baltimore City

5. Full Name of Mother, Mary Shekell

6. Mother's Maiden Name, Mary Grater

7. Mother's Birthplace, Apolon

8. Full Name of Father, Flecher Shekell

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1407 Nicolson St City

Remarks,

[illegible]

RETURN OF A BIRTH. L00649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex. (state whether male or female)..... *Male*

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9th November 1892

4. Place of Birth, (Street and Number) Fair Edg. No 1021

5. Full Name of Mother, Mari Bogalich

6. Mother's Maiden Name, Bingale L

7. Mother's Birthplace, Ruslan 26/12

8. Full Name of Father, Andrew R. C. V.

9. Father's Occupation..... *Miner* *2*

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, FLORIAN M. JAY

Address. *Marceline Linway Fort Elg No 434*

Address, 2

Remarks, 1

RETURN OF A BIRTH. L0650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

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4. *Place of Birth, (Street and Number*

5. Full Name of Mother,.....

6. *Mother's Maiden Name*,.....

7. *Mother's Birthplace*,.....*Sils*

8. Full Name of Father, C. H. ...

9. *Father's Occupation*, *ba*

10. *Father's Birthplace*, *Gal*

Name of Medical Attendant, or other person who makes this Return, James H. Smith, M.D.

Address,.....

Remarks, _____

SECTION 5. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license shall be and is hereby required to keep a record of all births occurring in the City of Baltimore under his or her supervision, and shall enter the same on blank schedules to be furnished by the Commissioner of Health. This schedule shall contain a list of the names of all persons who have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, date and place of birth, the name of the mother, the date and place of her birth, the name of the father, the date and place of his birth, the name of the mother's maiden name, the name of the father's occupation, the name of the medical attendant, the name of the person who makes this return, and the name of the person who reports its birth to the Commissioner of Health. The manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **LO 651**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th November 1892
4. Place of Birth, (Street and Number) Tail Ely No 1019
5. Full Name of Mother, Rash Wohlman
6. Mother's Maiden Name, M. Kade
7. Mother's Birthplace, Baltimore
8. Full Name of Father, W. Wohlman
9. Father's Occupation, Goldsmith
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Maroline Schway Tail Ely No 434
- Address, Tail Ely No 434
- Remarks, _____

RETURN OF A BIRTH. 100652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Extract from the Record of Vital Statistics in the City of Baltimore.

Sections. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such births, and shall contain on the same on blank schedule, to be furnished by the Commissioner of Health, the following particulars, to-wit: The date of the birth, the name of the mother, the name of the child, the name of the father, the sex, color, the date of the birth, the place of birth, the name of the physician or practitioner of midwifery, the name of the midwife, the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall be and is authorized to make and cause to be made a return of such birth, and shall enter the same on blank forms to be furnished by the Commissioner of Health. This schedule shall contain a list of the names of the persons who have occurred under his or her care during the month, and shall set forth as the full name and occupation of its parents, the date and place of birth, and whether the child has been conferred its sex, delivered duly signed by the practitioner in the form of a certificate between the mother and the child, and shall be filed every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L0653**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 18 1892

4. Place of Birth, (Street and Number) 219 President St

5. Full Name of Mother, M. Johnson

6. Mother's Maiden Name, E. Johnson

7. Mother's Birthplace, Sweden

8. Full Name of Father, J. Johnson

9. Father's Occupation, Physician

10. Father's Birthplace, Sweden

Name of Medical Attendant, or other person who makes this Return, John Johnson

Address, 117 E. Lomb St

Remarks, _____

Record of Vital Statistics in the City of Baltimore.
And to be further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall occur, shall keep a true and correct register of such births, and shall set forth as far as the same can be ascertained the full name of each child, the date, hour, and place of birth, and the sex, color, the full name and occupation of its parents, of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Bethel St 1626*
4. Place of Birth, (Street and Number) *Nov. 5*
5. Full Name of Mother, *Tonia Dresheska*
6. Mother's Maiden Name, *" Gannoka*
7. Mother's Birthplace, *Poland*
8. Full Name of Father, *Standa Dresheska*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Poland*
- Name of Medical Attendant, or other person who makes this Return, *Mary Krzyzka*
- Address, *806 Arch St.*
- Remarks, _____

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall occur, shall keep a true and correct register of such births, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the full name and occupation of its parents, the date of its birth, the place of birth, and the day of each and every month to the office of the Registrar of Vital Statistics, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after its birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2106

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 11th 1892

4. Place of Birth, (Street and Number) 156 Harrison St

5. Full Name of Mother, E. J. Meyer

6. Mother's Maiden Name, E. J. Meyer

7. Mother's Birthplace, Prussia

8. Full Name of Father, E. J. Meyer

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, J. H. Klapomosh

Address, 1177 Lombard St

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4th Aug 5th 92

- WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore
Section 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be provided for that purpose by the Health Department. This schedule shall contain a list of the names of the mother, the father, the child, the date of birth, the month, and shall set forth the full name and occupation of its parents, the date and place of birth, and the place of birth of the mother. The schedule shall be delivered, duly signed by the practitioner of midwifery, or the physician or practitioner of medicine, to the Commissioner of Health, in the City of Baltimore, within the period above required, and any such person or persons who shall hereafter fail to be recovered as other fines and forfeitures are recoverable, shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *November 3, 1892*
 4. Place of Birth, (Street and Number) *408 Tarnest St*
 5. Full Name of Mother, *Ester Lebowitz*
 6. Mother's Maiden Name, *Eunice*
 7. Mother's Birthplace, *Heizman Lebowitz*
 8. Full Name of Father, *Tailor*
 9. Father's Occupation, *Eunice*
 10. Father's Birthplace, *Wm. Greddie Bernstein*
- Name of Medical Attendant, or other person who makes this Return, *122 S. Exeter St*
- Address, *122 S. Exeter St*
- Remarks,

Section 7. And be it further enacted and ordained that every person practicing medicine in the City of Baltimore under a license or certificate of the Board of Health, shall hereafter take place of birth, sex, color, date of birth, and place of birth, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Board of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. 100658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *2 November*
4. Place of Birth, (Street and Number) *S. Bond St. 532*
5. Full Name of Mother, *Eleanora Lamka*
6. Mother's Maiden Name, *Elean. Gylenska*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Yekub Lamka*
9. Father's Occupation, *carpenter*
10. Father's Birthplace, *Russia*
Name of Medical Attendant, or other person who makes this Return, *M. Press*
Address, *S. Bond St. 532*
Remarks, _____

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision the birth of a child shall be reported, shall keep in true and correct register a list of the births which have occurred under his or her supervision, and shall set forth as far as the same can be ascertained, the full name and color of the child, the name of the mother, the date and place of birth, and the name of the physician or practitioner in the form of a certificate between the first and third day of the month in which the child is born, and shall deliver the same to the office of the Commissioner of Health, immediately thereafter it shall become the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored race

3. Date of Birth, December 1

4. Place of Birth, (Street and Number) Baltimore Jefferson St 434

5. Full Name of Mother, Daisy Dossy

6. Mother's Maiden Name, Daisy Hall

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Pera Henry Dossy

9. Father's Occupation, Baltimore Crown Works

10. Father's Birthplace, Kent County

Name of Medical Attendant, or other person who makes this Return. Georgia Anna Brook

Address, Mullikin St 1750

Remarks, no remarks

RETURN OF A BIRTH. L00660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ~~4~~

1. Sex, (state whether male or female)..... *Babe*

2. Race or Color, (if not of the white race) White

2. Race or Color, (if not of the white race) 2. 0. 0. 0.
3. Date of Birth, 1st November 1892

4. Place of Birth, (Street and Number) West 14th St 15

5. Full Name of Mother, Ana Götz

6. Mother's Maiden Name, Schmidt

7. Mother's Birthplace, Geonahyeu

8. Full Name of Father, Martien Gök

9. Father's Occupation..... *Worl. Manu.*

10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return,.....

Name of Medical Attendant, ^{or Order} makes this Return, _____
Address, *Tharline Schway T. E. Co. No. 424*

Remarks,

Section 7. Every person practicing midwifery in the City of Baltimore, shall keep a true and correct record of all births occurring in the City, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which shall be entered thereon, and shall be set forth in the following order: the full name of each child, of its parents, the date and place of birth, and the sex of each child, and the date and place of birth of the mother. In case the mother is deceased, the date and place of birth of the mother shall be entered. The schedule shall be delivered, duly signed by the practitioner or practitioner, to the office of the Commissioner of Health, on the third day of each and every month, and the duty of the person or persons of such attendance upon the mother, immediately thereafter, shall be to report to the Commissioner of Health, in the manner and within the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. 166661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 27th, 92.

4. Place of Birth, (Street and Number) 1724 Alice Ann Str.

5. Full Name of Mother, Eugenia Vitaglione

6. Mother's Maiden Name, " Cacate

7. Mother's Birthplace, Italy

8. Full Name of Father, Ernesto Vitaglione

9. Father's Occupation, Laberer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. Seisenhofer

Address, 186 Eastern Ave.

Remarks, _____

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, -

Address,

Remarks,

Section 2.—And be it further enacted, and explained, that every person practicing midwifery in the City of Baltimore, who shall deliver a child, or who shall have charge of a child, shall hereafter take pains, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the date of birth, the sex, color, the full name and occupation of the father, the place of birth, and the date when the birth certificate was issued, and the date when the birth certificate was received. The said schedule shall be delivered daily by the midwife or practitioner to the office of the Commissioner of Health. In case the birth of any child occurs on the third day of each and every month, the midwife or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section. And be it further enacted, and ordained, that every person practicing midwifery in the City of Baltimore, shall keep a true and correct register of such births, and shall enter the same on a blank schedule, to be furnished by the Board of Health. This schedule shall contain the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the month, quarter, and year of birth, and shall be signed by the practitioner in the form of a certificate, the birth of any child said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall be without the attendance of any other person, and shall be subject to the inspection of the Commissioner of Health, and any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 100663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 2nd 1872
4. Place of Birth, (Street and Number) 1827 Fulton Street
5. Full Name of Mother, Mrs. Annie Crane
6. Mother's Maiden Name, Annie Williams
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James Crane
9. Father's Occupation, Brother
10. Father's Birthplace, West River
- Name of Medical Attendant, or other person who makes this Return, Fannie Myers
- Address, 218 Clay St
- Remarks, _____

Record of Vital Statistics in the City of Baltimore.

Section 7. And it further enacted and ordained that every person practicing all keeping time and correct register under whose charge or superintendence on blank schedule, to be furnished by the Commissioner of Health, shall cause to be entered thereon the full name and occupation of the mother, her age, sex, color, date of birth, month, and shall set forth as far as the same can be ascertained the full name, date and place of birth; and the child so born, and shall seal the same in the form of a certificate between the first and third day of each and every month, and deliver the same to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person of such skill and experience be present at the birth, the father, immediately thereafter it shall become the duty of the person so present to report the birth to the Commissioner of Health, in the manner and to the effect above required, and if any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1992

GIVEN NAME ADDED. 11-4-57
RETURN OF A BIRTH. 100064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louise Marie ~~Wasmus~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- No. of Child of Mother State of New York
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *1892 - 24th of November*
4. Place of Birth, (Street and Number) *St. Michaels St.*
5. Full Name of Mother, *Charina Marmar*
6. Mother's Maiden Name, *Charina Kinkner*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Georg Marmar*
9. Father's Occupation, *labor*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Friedrich Keller M.D.*
- Address, *2116 West 34th*
- Remarks,

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license shall keep a true and correct record of the births which have occurred under his or her supervision, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her supervision, and shall set forth as far as the same can be ascertained the full name and occupation of the mother, the date and place of birth; and the said schedule shall be delivered, in duplicate, to the office of the Commissioner of Health. In case the birth of any child shall occur upon the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons attending the child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. 100655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Ballard race
3. Date of Birth, 22 Nov
4. Place of Birth, (Street and Number) McComblan St 1721
5. Full Name of Mother, Lucy Carral
6. Mother's Maiden Name, Lucy Sedden
7. Mother's Birthplace, Fredrichsburg Va
8. Full Name of Father, Peter Carral
9. Father's Occupation, lumber yard
10. Father's Birthplace, West River
Name of Medical Attendant, or other person who makes this Return, George A. Brack
Address, 1752 Mulliken St
Remarks, No remarks

RETURN OF A BIRTH. 100666
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22^d of November
4. Place of Birth, (Street and Number) 1642 Gilman St
5. Full Name of Mother, Mary Rudolph
6. Mother's Maiden Name, Mary Ann
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Maxwell Rudolph
9. Father's Occupation, Teacher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, _____
Address, Mrs Mary J. Shickney _____
Remarks, 731 Cumberland St _____

Section 5.—And he further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall deliver a child, shall, on or before the first day of the month following the birth of such child, enter the same on the blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the name of the child, the date and place of birth, and the name of the mother, and the name of the physician or practitioner of Health, in the manner and to the effect hereinafter provided, and shall deliver the same to the Commissioner of Health, on or before the first day of the month following the birth of the child, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 100067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6.

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

22nd of November

4. Place of Birth, (Street and Number)

246 St. Peter St.

5. Full Name of Mother,

Emilie J. Thier

6. Mother's Maiden Name,

Emilie Beisswiler

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John J. Thier

9. Father's Occupation

Marshall

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Emilie Beisswiler Midwife

Address,

246 West Pratt St.

Remarks,

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall happen, shall be licensed by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the full name of each child, of any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form hereunto annexed, on the third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. 100668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21st Nov. 1892
4. Place of Birth, (Street and Number) 711 E. Fayette St.
5. Full Name of Mother, Beccia Gold
6. Mother's Maiden Name, Vosk
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph Gold
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia
Name of Medical Attendant, or other person who makes this Return, E. Sherman
Address, 42 Allen St.
Remarks, _____

[illegible]

100

2.

- Journal

Friederike Louise Müller

2116 West 43rd St. N.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 100570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth, November 12, 1907

4. Place of Birth, (Street and Number).....874 Columbus ave

5. Full Name of Mother, Sophia Eigentbrodt

6. Mother's Maiden Name, *Sophia Schaper*

7. Mother's Birthplace,..... *Bally*

8. Full Name of Father, John Egenbrodt

9. Father's Occupation, Drunk Maker

10. Father's Birthplace, Bell

Name of Medical Attendant, or other person who makes this Return, Mrs. Cheback

Name of Medical Attendant, _____ makes this Return, _____
Address, _____ 735 W. Pratt st _____

Remarks.

RETURN OF A BIRTH. 100671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 12. 10.

4. Place of Birth, (Street and Number) Henry Lane Calasville.

5. Full Name of Mother, Emma Harve

6. Mother's Maiden Name, Emma M. Brice

7. Mother's Birthplace, Baltimore Md. I.

8. Full Name of Father, John Harve

9. Father's Occupation, Coachpainter

10. Father's Birthplace, Baltimore Md. I.

Name of Medical Attendant, or other person who makes this Return. Mrs. J. Pink mischke.

Address, No 506. N. High St

Remarks,

RETURN OF A BIRTH. 100372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 16 November
4. Place of Birth, (Street and Number) 1225 Horne street
5. Full Name of Mother, Auguste Lierse mann
6. Mother's Maiden Name, Patocka
7. Mother's Birthplace, Germany
8. Full Name of Father, Gottlieb Lierse mann
9. Father's Occupation, Foreman
10. Father's Birthplace, Germany
Name of Medical Attendant, Mrs. P. Lierse mann
or other person who makes this Return, 1225 Horne street.
Address, _____
Remarks, _____

SECRET
And be further enacted and ordained, that every person who shall keep a true and correct record of the births, deaths, marriages, and divorces of the citizens of Baltimore, shall be liable to be summoned by the Commission of the City of Baltimore, and shall enter the same in the schedule provided for that purpose, and shall set forth in the same the full name and occupation of the person or persons who shall occur without the attendance of a physician or practitioner of medicine, and shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered by the City of Baltimore.

RETURN OF A BIRTH. 150673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 7th 92
4. Place of Birth, (Street and Number) 2301 Canton Ave.
5. Full Name of Mother, Mary Moenigg
6. Mother's Maiden Name, " Squader
7. Mother's Birthplace, Balto.
8. Full Name of Father, Daniel Moenigg
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto.
- Name of Medical Attendant, or other person who makes this Return, Mrs. Scrienhofer
- Address, 1806 Eastern Ave.
- Remarks, _____

RETURN OF A BIRTH. A169674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, for the 14th 1892
4. Place of Birth, (Street and Number) Gilmore St. No 104
5. Full Name of Mother, Annie E. Weaver
6. Mother's Maiden Name, Annie Belt
7. Mother's Birthplace, Baltimore C. A. M. D.
8. Full Name of Father, Frank Louis Weaver
9. Father's Occupation, Electrician
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Mr. S. Kelley
Address, No 1922 William St.
Remarks, Full name of child added by uncle upon receiving for a transcript. W. L. Hart Weaver
D. E. T. John - Reg. 1115
Sept 1893.

RETURN OF A BIRTH. 100675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____ female
1. Sex, (state whether male or female) _____ white
2. Race or Color, (if not of the white race) _____
3. Date of Birth, _____ 9th of November
4. Place of Birth, (Street and Number) _____ No. 9, Thimble Street, St.
5. Full Name of Mother, _____ Bertha Dietrich
6. Mother's Maiden Name, _____ German
7. Mother's Birthplace, _____ Gieselsbach, Prussia
8. Full Name of Father, _____ Laborer
9. Father's Occupation, _____ German
10. Father's Birthplace, _____
Name of Medical Attendant, or other person who makes this Return, _____ Friederike Houder, midwife
Address, _____ 2116 West Pratt St.
Remarks, _____

RETURN OF A BIRTH. A100676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)—

1. Sex, (state whether male or female).....

2. *Race or Color, (if not of the white race)*—

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)-*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,* --

7. *Mother's Birthplace.*

8. Full Name of Father,--

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

RETURN OF A BIRTH. 190677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)-

2. Race or Color, (if not of the white race)-
Neg. &

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)-*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*-

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, which schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled out by the midwife or practitioner of the art, and shall be signed by the midwife or practitioner of the art, and shall be delivered to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. *AL 100678*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
- Sex, (state whether male or female) *Male*
 - Race or Color, (if not of the white race) *Colored*
 - Date of Birth, *Jan. 1st 92*
 - Place of Birth, (Street and Number) *1009 Harrison Lane*
 - Full Name of Mother, *Mrs. Annie McElbottom*
 - Mother's Maiden Name, _____
 - Mother's Birthplace, _____
 - Full Name of Father, _____
 - Father's Occupation, _____
 - Father's Birthplace, _____
- Name of Medical Attendant, or other person who makes this Return, *J. M. Lawson*
- Address, *622 N. Lombard St.*
- Remarks, _____

Record of Vital Statistics in the City of Baltimore.
And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed midwife, shall keep a true and correct register of such births, and shall enter thereon the name of the mother, the date and place of birth, the sex, color, and occupation of the child, and the name of the practitioner of the art, and shall deliver to the Commissioner of Health, a copy of such register, within the month next after the birth of such child, and shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 106679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male Child*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 1st 1892*
4. Place of Birth, (Street and Number) *Carroll Street Baltimore Md.*
5. Full Name of Mother, *Mrs. John A. Hardy*
6. Mother's Maiden Name, *John A. Hardy*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Mr. Frank Hardy*
9. Father's Occupation, *Carriage Driver*
10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who makes this Return, *Dr. J. M. Smith*

Address, *273 N. Lombard St.*

Remarks, *Child born healthy and vigorous.*

Record of Vital Statistics in the City of Baltimore.
And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished to him by the Health Officer. This schedule shall contain a list of the births which have occurred under his care during the month, and shall set forth as far as the same can be ascertained the full name of each child, at any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month in which the child was born, the name of the physician or practitioner of midwifery, or surgeon, or other person attending upon the mother, immediately thereafter it shall become the duty of the person or persons of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 28th 1892

4. Place of Birth, (Street and Number) 1828 E. Layette

5. Full Name of Mother, Maggie Banner

6. Mother's Maiden Name,

7. Mother's Birthplace, Germany

8. Full Name of Father, John Banner

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Koptier

Address, 205 W. Washington St

Remarks,

Secrecy shall be observed and no person shall be allowed to divulge the contents of this schedule to any person except the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born in the city, the date and place of birth, the date and place of death, the sex, color, and occupation of the mother, the name of the physician or practitioner of midwifery, or should no other person attend upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) White
- Date of Birth, December 18 4 1892
- Place of Birth, (Street and Number) 1019 Baltimore St. 45
- Full Name of Mother, Mary Flaherty
- Mother's Maiden Name, Mary Gavin
- Mother's Birthplace, County Galway, Ireland
- Full Name of Father, James Flaherty
- Father's Occupation, Laborer
- Father's Birthplace, County Galway, Ireland
- Name of Medical Attendant, or other person who makes this Return, Mrs. Woodson
- Address, 888 Greenmount Ave.
- Remarks,

Extract Regulations of the Health Department in the City of Baltimore.
Record of Vital Statistics in the City of Baltimore.

SECTION 7. And be it further enacted and resolved that every person practicing midwifery in the city of Baltimore, who shall be licensed by the Board of Health, shall keep a book or books, in which shall be entered, under the name of the mother, the name of the child, the date and place of birth, the sex, color, and the name of the father, and shall set forth as far as the same can be ascertained, the date and place of birth, the sex, color, and the name of the father, and shall be delivered, duly signed by the person or persons, in the form of a certificate between the first and fifth without each and every month to the Commissioner of Health. In case the birth of any child to a woman, upon the attendance of a midwife, shall be reported to the Commissioner of Health, or should no other person be present, the midwife, immediately thereafter, it shall become the duty of the person or persons, who shall be present at the birth, to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 100682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, Dec 19th 1892
4. Place of Birth (Street and Number), Baltimore No 1174 S Howard St
5. Full Name of Mother, Mathe Mattheus
6. Mother's Maiden Name,
7. Mother's Birthplace, Accomac Va.
8. Full Name of Father, G. Mattheus
9. Father's Occupation, Laborer
10. Father's Birthplace, Tolbert County

Name of Medical Attendant, or other person who makes this Return, Sarah Hooper

Address, No 407 W. Hamburg St

Remarks,

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose direction a birth shall occur, shall enter the same on blank schedule, to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any child during the month, and shall set forth its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its birth, and shall be signed by the practitioner in the form of a certificate between the first and third day of such and entered daily signed by the practitioner or practitioner of midwifery. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person who shall attend the child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. *AL00683*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 17*

4. Place of Birth, (Street and Number) *1739 Bank St*

5. Full Name of Mother, *Margaret Gillman*

6. Mother's Maiden Name, *Margaret Beuth*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Joseph Gillman*

9. Father's Occupation, *insurance*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Mary E. Pugh*

Address, *1903 Gough St*

Remarks, _____

SECTION 7.—And he it further enacted, and ordained, that every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to keep a true and correct register of such births, and shall enter the same on blank schedules to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred in sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. 100684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 17 Dec 1892
 4. Place of Birth, (Street and Number) 1013 Watson St
 5. Full Name of Mother, Jennie B. Woodie
 6. Mother's Maiden Name, Munsell
 7. Mother's Birthplace, Russian
 8. Full Name of Father, Abraham B. Woodie
 9. Father's Occupation, Tailor
 10. Father's Birthplace, Russian
- Name of Medical Attendant, or other person who makes this Return, E. Sherman
- Address, 2111 E. Madison St
- Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same in the said register, and shall also enter the same in the Health and Birth Record, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the

RETURN OF A BIRTH. 190685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) colored
 3. Date of Birth, Dec 6th 1893
 4. Place of Birth, (Street and Number) city 1310 parish st
 5. Full Name of Mother, Lillian Johns
 6. Mother's Maiden Name, J. L. Johns
 7. Mother's Birthplace, Dix & Co
 8. Full Name of Father, Daniel Johns
 9. Father's Occupation, Master
 10. Father's Birthplace, Dix & Co
 Name of Medical Attendant, or other person who makes this Return, L. M. Johns
 Address, 1131 parish st
 Remarks,

Record of Vital Statistics in the City of Baltimore.
And to further enact and ordain that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank tablets to be furnished by the Registrar of Births, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or a midwife, the mother shall be bound to report the birth of such child to the Commissioner of Health, in the manner and within the provisions of this section, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 100686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,

Dec. 31, 1892

4. Place of Birth, (Street and Number)...

St. Vincent's Inf. Asylum

5. Full Name of Mother,

Ann M. Kelly

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

D. C.

8. Full Name of Father,

Not known

9. Father's Occupation,

"

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

J. A. Hearn M.D.

Address,

1520 David Hill Ave.

Remarks,

For the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore

enactment. Any person who is further enacted and ordained that every person practicing midwifery in the City of Baltimore and under whose direction and control any child is born, shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank forms to be furnished by the Commissioner of Health, and shall contain a list of the births, which have occurred in the month, and shall send the same to the Commissioner of Health, on or before the first day of the month following the month in which the births have occurred. The name can be ascertained the full name of each child, and also, during the year, the sex, color, the full name of the parents, the date and place of birth, and the name of the physician or practitioner of medicine, and every month to the office of the Commissioner of Health, and the same shall occur without the necessity of a physician or practitioner of midwifery, or otherwise the birth of any child to report its birth to the Commissioner of Health, shall become the duty of the person or persons in any such person or persons, who shall hereafter fail to comply in the manner and within the period above required, such person or persons shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... *male*

2. Race or Color, (if not of the white race)..... *Col. R.*

3. Date of Birth, December 31

4. Place of Birth, (Street and Number)..... *Galilee, 116 Street, 17*

5. Full Name of Mother, Kate Meyer

6. Mother's Maiden Name, Patience H. H.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Kabriel Hays

9. Father's Occupation..... Teacher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mr. J. L. Lippert

Address, 1225 E. 1st St.

Remarks,

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.
Sec. 108. — And be it further enacted, and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall be recorded, shall be bound to register the same in the City of Baltimore, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conceived, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Births, on or before the third day of each and every month to the office of the Registrar of Births, in the City of Baltimore, and shall be subject to the provisions of this section, shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 30 - '92

4. Place of Birth, (Street and Number)

115 W. Lombard

5. Full Name of Mother,

Mrs. J. W. Barnes.

6. Mother's Maiden Name,

Id.

7. Mother's Birthplace,

Mrs. J. W. Barnes.

8. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

W. Wayland Francis.

Address,

115 W. Lombard St

Remarks,

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule to be provided for that purpose by the Board of Health, and shall report forth for us the same as the same can be ascertained, the full name of each child, at any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, of the person or other person being attendant upon the mother, immediately after the birth of the child, the person or other person being attendant shall report its birth to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 101689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 30 Dec 1892
4. Place of Birth, (Street and Number) 221. Bruce, St. Baltimore
5. Full Name of Mother, Henrietta Swells
6. Mother's Maiden Name, Henrietta Beams
7. Mother's Birthplace, Anne Arundell County
8. Full Name of Father, Daniel Swells
9. Father's Occupation, Laborer
10. Father's Birthplace, Richmond Virginia
- Name of Medical Attendant, or other person who makes this Return, Rebecca Butler
- Address, No 1015 Wagon Alley
- Remarks, _____

100000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). *Second Child*

1. Sex, (state whether male or female) *White*
2. Race or color, (if not of the white race)
3. Date of Birth, *December 27th 1892*
4. Place of Birth, (Street and Number) *313 Calvin Ave. Waverly*
5. Full Name of Mother, *Hanniz Setur near*
6. Mother's Maiden Name, *Hanniz Turner*
7. Mother's Birthplace, *Washington D.C.*
8. Full Name of Father, *John Setur near*
9. Father's Occupation, *R. R. Round House Man*
10. Father's Birthplace, *Cinnapiolis*
Name of Medical Attendant, or other person who makes this Return *B. F. Wise*
Address, *Waverly Baltimore*
Remarks,

RETURN OF A BIRTH. 106691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female), Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 26 1892

4. Place of Birth. (Street and Number) 616 W Baltimore St

5. Full Name of Mother, Lana Gordon

6. Mother's Maiden Name, ... *Sternberger Leonie*

7. Mother's Birthplace, Hungary

8. Full Name of Father, Propal Goudara

9. Father's Occupation, City of New York

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, _____

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore
SECTION 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or control a birth shall occur, shall keep a true and correct record of the same, and shall set forth as far as the same can be ascertained the full name of the child, the sex, color, date of birth, the name of the mother, the name of the father, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 100692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 26.

4. Place of Birth, (Street and Number) 415 E. Cross St

5. Full Name of Mother, Ellen Gurney

6. Mother's Maiden Name, Fitzmaurice

7. Mother's Birthplace, Ireland

8. Full Name of Father, For Gurney

9. Father's Occupation, Labour

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, J. J. Dunch M.D.

Address, _____

Remarks, _____

BN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

6. Date of Birth,..... 26 Dec 1892

4. Place of Birth, (Street and Number)

5. Full Name of Mother, C. Susan P.

6. Mother's Maiden Name, " " "

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

[illegible]

John Murphy & Co., City Printers and Stationers.

Wm. J. C. Dulany Co., City Printers and Stationers.

Extract Regulations of the Board of Health of Baltimore.
Record of Vital Statistics in the City of Baltimore.
And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall occur, shall keep a true and correct register of such births, and shall set forth in the same the name on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, in birth, and the month, and shall set forth as far as the same can be ascertained the sex, color, the full name and occupation of the mother, and the full name and occupation of the father, and the date of birth, and the place of birth, and the full name of the mother, and the mother's maiden name, and the mother's birthplace, and the full name of the father, and the father's occupation, and the father's birthplace, and the name of the medical attendant, and the address, and the remarks, and shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines, and forfeitures are recoverable.

RETURN OF A BIRTH. 150634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child *Ferdinand Alfred Kunnecke, Jr.*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th Child*
1. Sex, (state whether male or female) *Male (G. Cleaveland)*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec. 26, 1892*
4. Place of Birth, (Street and Number) *824 D 8th Cor. Irvington St*
5. Full Name of Mother, *E. Kunnecke*
6. Mother's Maiden Name, *E. Schaffer*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *J. A. Kunnecke*
9. Father's Occupation, *Saloon keeper (Germany)*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other person who makes this Return, *M. R. Caskey*
Address, *213 C. Heath St*
Remarks, *Dang Well*

Correction from
Ins. Police and
applicants of
Dummett file
May 27, 1912
see notes
Dummett

Record of Vital Statistics in the City of Baltimore
Section 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall be responsible to the Commissioner of Health for the proper registration of such birth, and shall be liable to the same penalties as are provided for in the Act of the General Assembly of the State of Maryland, passed March 27, 1902, relating to the registration of births, deaths and marriages, and shall be liable to the same penalties as are provided for in the Act of the General Assembly of the State of Maryland, passed March 27, 1902, relating to the registration of births, deaths and marriages, and shall be liable to the same penalties as are provided for in the Act of the General Assembly of the State of Maryland, passed March 27, 1902, relating to the registration of births, deaths and marriages.

RETURN OF A BIRTH. 100685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 Dec 81 1892
4. Place of Birth, (Street and Number) 231 E. Fayette St
5. Full Name of Mother, E. Ann D. Hunter
6. Mother's Maiden Name, E. Ann D. Hunter
7. Mother's Birthplace, E. Ann D. Hunter
8. Full Name of Father, E. Ann D. Hunter
9. Father's Occupation, E. Ann D. Hunter
10. Father's Birthplace, E. Ann D. Hunter

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Over

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- Wm. J. C. Dulany Co., City Printers and Stationers.

RECORDED BY Baptismal Recd
SEE DOCUMENT FILE NO. L-90696
DATE 3/10/02 JMA Barker
CLERK

Record of Vital Statistics in the City of Baltimore.
Section 7. And be it further enacted and ordained, that every person residing in the City of Baltimore, who is a practitioner of medicine, or a midwife, shall keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred in the City of Baltimore, and shall be set forth in full name and occupation of its parents, the date and place of birth; and the sex of each child, and shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the mother, immediately thereafter, shall report its birth to the Commissioner of Health, and shall deliver to him a true and correct copy of such schedule, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race) W
3. Date of Birth, 14 Dec 1901
4. Place of Birth, (Street and Number) 725 E. Cal. St.
5. Full Name of Mother, Stanisla Dzyguschi
6. Mother's Maiden Name, Wiedanowska
7. Mother's Birthplace, Polen
8. Full Name of Father, Joseph Dzyguschi
9. Father's Occupation, German
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Anna Miller
- Address, 725 E. Cal. St.
- Remarks,

Record of Vital Statistics in the City of Baltimore.
And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall be required to register of such birth, and shall enter the same in the Record of Births, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the date of birth, the date of delivery, the date of registration, the date of the first day of each and every month of the first year of the child's life, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100698

GIVEN NAME ADDED 7-28-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Irma Virginia Olive.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 23 - 92

4. Place of Birth, (Street and Number) 2076 Hollington Ave

5. Full Name of Mother, Catherine M. Olive

6. Mother's Maiden Name, Barishman

7. Mother's Birthplace, Balto

8. Full Name of Father, Augustus H. Olive

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary A. Allwell

Address, 912 McDougall St

Remarks,

Section 2. And the following certificate shall be entered and ordered that every person practicing midwifery in the City of Baltimore, who is not a member of the Board of Health, shall keep a full and correct register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births, which shall be entered in the following order: the date of birth, the sex, the color, the full name and occupation of its parents, the date and place of birth; and the name of the physician or practitioner of the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, the physician or practitioner shall report the same to the Commissioner of Health, in the manner and within the period above required, and shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Dec 23 - 1892

4. Place of Birth, (Street and Number) 1410 Bank St.

5. Full Name of Mother, Maria Cether

6. Mother's Maiden Name, Schlenker

7. Mother's Birthplace, Germany

8. Full Name of Father, George Cether

9. Father's Occupation, Capnet Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, (or other person who makes this Return) Mary Stein

Address, 1427 E. Pratt St.

Remarks, _____

100700

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. fe
1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 21. December 1892.
4. Place of Birth, (Street and Number) 933. Columbia Ave
5. Full Name of Mother, Wilhelmine Scheyer
6. Mother's Maiden Name, Wilhelmine Schmittjohann
7. Mother's Birthplace, Hanover Germany
8. Full Name of Father, Anton Scheyer
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Oldenburg Germany
Name of Medical Attendant, or other person who makes this Return. Mary Herter
Address, 105 Groves St Baltimore
Remarks,

[illegible]

RETURN OF A BIRTH. 100701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 16, 1892*

4. Place of Birth, (Street and Number) *Hanover St*

5. Full Name of Mother, *Agnes Singmaster*

6. Mother's Maiden Name, *Agnes Owings*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Singmaster*

9. Father's Occupation, *Harnessmaker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *M. R. Caskey*

Address, *218 E. St. Asaph St*

Remarks, *Doing Well*

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 101702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return,

Address

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

Record of Vital Statistics in the City of Baltimore.
And to further enforce and maintain that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the full name and occupation of its parents, the date and place of birth, and the month, after it is sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall occur within the limits of the City of Baltimore, the person of the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 1st 1912

4. Place of Birth, (Street and Number)

115 W. Lombard

5. Full Name of Mother,

Mattie Singleton

6. Mother's Maiden Name,

Mr.

7. Mother's Birthplace,

Unknown.

8. Full Name of Father,

"

9. Father's Occupation,

"

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

W. Wayland James

Address,

115 W. Lombard.

Remarks,

Section 10. Any person practicing midwifery in the City of Baltimore, who shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall be liable to the same as if the same had been entered by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth of a child, the person attending the birth shall be liable to the same as if the same had been entered by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 1st '92

4. Place of Birth, (Street and Number)

115 W. Lombard

5. Full Name of Mother,

Maria Singleton

6. Mother's Maiden Name,

Mrs.

8. Full Name of Father,

Unknown.

9. Father's Occupation,

"

10. Father's Birthplace,

"

Name of Medical Attendant, or other person who makes this Return,

W. Wayland Francis

Address,

115 W. Lombard.

Remarks,

Record of Vital Statistics in the City of Baltimore.
And he if further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file the same with the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth of the child. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second of each month, to the Registrar of Vital Statistics, Board of Health, Baltimore City, in case the birth of any child shall occur without the attendance of a physician or midwife, or if the birth of a child shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, December 18 1892
4. Place of Birth, (Street and Number) 127 East Lodge Ave
5. Full Name of Mother, Abraham James
6. Mother's Maiden Name, Abraham Yenson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr James
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Gabriel Jackson attendant
Address, 127 Lodge Ave
Remarks,

[illegible]RETURN OF A BIRTH. ~~100795~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 18th 92.

4. Place of Birth, (Street and Number) 410. N. Chester str.

5. Full Name of Mother, Louise Louibecke

6. Mother's Maiden Name, " Stricker

7. Mother's Birthplace, Balto.

8. Full Name of Father, Herman Louibecke

9. Father's Occupation, Barber

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 106 Eastern Ave.

Remarks, _____

RETURN OF A BIRTH. 190706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....

2. *Race or Color, (if not of the white race)*

3. *Date of Birth*,

4. *Place of Birth, (Street and Number)*.....*1100 Ave. C. N. Y. C.*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace*,.....

8. Full Name of Father,

9. Father's Occupation.....

10. *Father's Birthplace*, *Rocky Hill*

Name of Medical Attendant, or other person who makes this Return, Wm. H. ...

Address,

Remarks,

Board of Vital Statistics in the City of Baltimore. - In the City of Baltimore, Maryland, on the 15th day of December, 1892, I, the Registrar, do hereby certify that the following is a true and correct copy of the birth record of the child of the mother named above, as the same appears in the register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as possible the name, sex, race, color, date and place of birth, and the name of the mother, and shall be signed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so shall be liable to a fine of ten dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 100707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 15 - 1892
4. Place of Birth, (Street and Number) 1010 Eastern Av.
5. Full Name of Mother, Neda De Fries
6. Mother's Maiden Name, Dierkson
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob De Fries
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Mary Klein
- Address, 1427 E. Pratt St.
- Remarks,

Section 7. And be it further enacted, that every person practicing midwifery in the City of Baltimore, shall keep a true and correct record of all births which occur within the City, and shall file the same with the Registrar of Vital Statistics, in the City of Baltimore, on or before the first day of the month following the month in which such birth occurred. And be it further enacted, that every person practicing midwifery in the City of Baltimore, shall keep a true and correct record of all births which occur within the City, and shall file the same with the Registrar of Vital Statistics, in the City of Baltimore, on or before the first day of the month following the month in which such birth occurred.

RETURN OF A BIRTH. 100708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....1)

1. Sex, (state whether male or female).....Female

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....12 Dec.

4. Place of Birth, (Street and Number).....1236 Hare street

5. Full Name of Mother,.....Julia Bell

6. Mother's Maiden Name,.....Simmons

7. Mother's Birthplace,.....Galifornia

8. Full Name of Father,.....Charles Bell

9. Father's Occupation.....Laborer

10. Father's Birthplace,.....Galifornia

Name of Medical Attendant, or other person who makes this Return,.....Mr. J. P. L. L. L.

Address,.....1225 Hare street

Remarks,

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct record of the same in a book to be provided for that purpose by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second of the month following the birth, to the Commissioner of Health, and shall be filed in the office of the Board of Health. No person shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L00709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, 12 December
 4. Place of Birth, (Street and Number) 1227 Jackson St
 5. Full Name of Mother, Mary Rohleder
 6. Mother's Maiden Name, Webber
 7. Mother's Birthplace, Balto
 8. Full Name of Father, Joseph Rohleder
 9. Father's Occupation, Clerk
 10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, _____
- Address, _____
- Remarks, _____

[illegible][illegible][illegible][illegible][illegible]

Record of Vital Statistics in the City of Baltimore.
Section 7.—And be it further enacted and ordered, that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence any child is born, shall keep a true and correct register of the births occurring under his or her charge, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge, together with the names of the parents, the date and place of birth, and the sex of the child. It shall be completed at the expiration of each month, and shall set forth as far as the same can be ascertained, the names of the parents, the date and place of birth, and the sex of the child. The full name of the practitioner in the form of a certificate between the first and second conferrals shall be written, and the full name of the physician or practitioner of midwifery, who shall be called upon to certify the birth, shall be written, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother, immediately thereafter, it shall become her duty to report the birth to the Commissioner of Health, and within the period above required and to comply with the provisions of this section. Should any person fail to comply with the provisions of this section, shall be subject to a fine of not less than five dollars, nor more than twenty dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.
Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same in blank schedule, to be provided for that purpose, and shall file the same with the Registrar of Vital Statistics, and shall set forth as far as the same can be ascertained the full name of each child, of any child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In the event of any child being born without the attendance of a practitioner, the parent or other person shall be liable to the same penalty as if such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Dec 21st 1892
4. Place of Birth, (Street and Number) 572 Preston St
5. Full Name of Mother, Jennie Hammond
6. Mother's Maiden Name, Jennie
7. Mother's Birthplace, Maryland
8. Full Name of Father, John Hammond
9. Father's Occupation, Labor
10. Father's Birthplace, Maryland
- Name of Medical Attendant, or other person who makes this Return, Heater Leotance
- Address, 8-09 Preston St
- Remarks,

Section 100. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or supervision a birth shall occur, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule provided for that purpose by the Board of Health. This schedule shall be furnished to the midwife or practitioner of midwifery, or to the person or persons who shall deliver the child, by the Board of Health, and shall be filled out by the midwife or practitioner of midwifery, or by the person or persons who shall deliver the child, and shall be delivered to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH/ L00712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *color.*

3. Date of Birth, *December 20*

4. Place of Birth, (Street and Number) *406*

5. Full Name of Mother, *Laura Dennis*

6. Mother's Maiden Name, *Laura Bennett*

7. Mother's Birthplace, *Saint Mary's Hospital*

8. Full Name of Father, *George Dennis*

9. Father's Occupation, *horse*

10. Father's Birthplace, *127 State Street Baltimore*

Name of Medical Attendant, or other person who makes this Return. *Martha Jane Kierman*

Address, *117 Duncombe*

Remarks,

RETURN OF A BIRTH. L00713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd, Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, December 31st 1898

4. Place of Birth, (Street and Number) # 1420 N. Bruce Street

5. Full Name of Mother, Mary E. Johnson

6. Mother's Maiden Name, Mary E. Johnson

7. Mother's Birthplace, Balto City Maryland

8. Full Name of Father, Gro. H. H. Johnson

9. Father's Occupation, Printer

10. Father's Birthplace, Balto City Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. R. H. Rollins

Address, 1610 Vincent Avenue City

Remarks, _____

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under birth and health shall submit the same on or before the first day of each month to the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the names, the date and place of birth, and the sex, color, the name and occupation of the father, the name and occupation of the mother, and the name of the child, and shall be signed by the practitioner in the form of a certificate between the first and last of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of said child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY NAME ADDED B-31-13- L00714
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Daisy Addison
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Surv. 4*
1. Sex, (state whether male or female) *Female 3*
2. Race or Color, (if not of the white race) *Color*
3. Date of Birth, *Thursday, Dec. 8. 1892.*
4. Place of Birth, (Street and Number) *Lin Cent. Ave. 1609.*
5. Full Name of Mother, *Jane Addison*
6. Mother's Maiden Name, *Jane Barlow*
7. Mother's Birthplace, *Howard Co.*
8. Full Name of Father, *Jim Addison*
9. Father's Occupation, *Laborer in mine*
10. Father's Birthplace, *Howard Co.*
Name of Medical Attendant, or other person who makes this Return. *Dr. J. J. 1337 Whatcoat st.*
Address, *1337*
Remarks,

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks,

1337, What Coats

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of the same, and shall file the same with the Registrar of Vital Statistics, on or before the first day of each month. This schedule shall contain the date, time, place, sex, color, the full name and occupation of the parents, the date and place of birth, and the name conferred on the child, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month, and shall be filed with the Registrar of Vital Statistics, on or before the first day of each month. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, December 23rd 1892

4. Place of Birth, (Street and Number) 546 St. Preston St.

5. Full Name of Mother, Ella R. Anderson

6. Mother's Maiden Name, Ella R. Green

7. Mother's Birthplace, West River W. D. Co. Maryland

8. Full Name of Father, Wm R. Anderson

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Hester Estance

Address, 509 St. Preston St.

Remarks, _____

RETURN OF A BIRTH **L00717**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 3-1 1893

4. *Place of Birth, (Street and Number)* 504 N. Schenck St.

5. Full Name of Mother, Maggie Mc Guinness

6. *Mother's Maiden Name,* Kennedy

7. Mother's Birthplace, Baltimore City, Maryland

8. Full Name of Father, *Jno. T. McSpencer*

9. Father's Occupation, *Bookkeeper*

10. Father's Birthplace, Baltimore City, Maryland

Name of Medical Attendant, or other person who makes this Return,

Address, Nauvoo, D. C. London

Remarks, * 1530 Harlem ave

Section 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall be and is hereby required to register each birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as possible the date of birth, the name of the child, the sex, the color, the date and place of birth, and the name of the mother, and shall be signed by the practitioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner within the period above required, and any person who fails to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 1st 1892
4. Place of Birth, (Street and Number) 827 Eastern Ave
5. Full Name of Mother, Helen Togle
6. Mother's Maiden Name, Green
7. Mother's Birthplace, Italy
8. Full Name of Father, Lorenzo Togle
9. Father's Occupation, Lebender
10. Father's Birthplace, Italy
- Name of Medical Attendant, or other person who makes this Return, Mrs Cassie Bernstein
- Address, 122 S. Exeter str
- Remarks,

L00719

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

- Wm. J. C. Dulany Co., City Printers and Stationers.

Section 2.—And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L00720**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. *9* Child of Mother, (state whether 1st, 2d, 3d, &c.) *9*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Dec 11 - 1892*
4. Place of Birth, (Street and Number) *410 S Broadway*
5. Full Name of Mother, *Teresa Restivo*
6. Mother's Maiden Name, *Mannina*
7. Mother's Birthplace, *Italia*
8. Full Name of Father, *Phillipo Restivo*
9. Father's Occupation, *Fruit Dealer*
10. Father's Birthplace, *Italia*
Name of Medical Attendant, or other person who makes this Return *Mary Stein*
Address, *142 E Pratt St.*
Remarks,

RETURN OF A BIRTH **L00721**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 7*

4. Place of Birth, (Street and Number) *Hilmae St*

5. Full Name of Mother, *Josephine Valley*

6. Mother's Maiden Name, *Josephine Sinker*

7. Mother's Birthplace, *Baltimore County*

8. Full Name of Father, *Chas Bealley*

9. Father's Occupation, *Doctor*

10. Father's Birthplace, *Eastern Shore*

Name of Medical Attendant, or other person who makes this Return, *Margaret Sinker*

Address, *7 Parflet St*

Remarks, *None*

And he it further enacted, that every person practicing midwifery in the City of Baltimore, shall keep a true and correct record of the births which shall be furnished by the County of Baltimore, and shall enter the same on blank schedule, to be furnished by the County during the month, and shall set forth as far as possible the name of the mother, the name of the child, the date and place of birth, and the name of the physician or practitioner of health, in case the birth of any child shall occur without the attendance of a physician or practitioner of health, it shall become the duty of the midwife to report the birth of such child to the Commissioner of Health, in person or by letter, within the period above required, and any such person or persons who shall neglect to do so, shall be liable to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L00723**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 to kind

1. Sex, (state whether male or female) Maichen

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 30 Dec.

4. Place of Birth, (Street and Number) 222 Pratt Street

5. Full Name of Mother, Rose Susmanovitz

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Europe

8. Full Name of Father, Heiman Susmanovitz

9. Father's Occupation, Handwerker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Dr. Isaac Heller

Address, 1125 E. Pratt St

Remarks, _____

L00724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex.* (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number).

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

Record of Vital Statistics in the City of Baltimore.
Section 7.—And be it further enacted and ordained that every person practicing within the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the last day of a month, the practitioner shall deliver the said schedule to the office of the Commissioner of Health upon the first day of the month immediately thereafter. The practitioner shall be liable to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

over

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 29th 1893

4. Place of Birth, (Street and Number) Baltimore Ind 227 Baltimore St

5. Full Name of Mother, Adeline (Pomejko) (Pomejko) Witkowska

6. Mother's Maiden Name, "

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph (Pomejko) Pomejko

9. Father's Occupation, Carriage Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Brown

Address, 414 S. Stricker St Baltimore Md

Remarks, Both mother and child are doing well

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SECTION 2.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall be licensed to practice, shall keep a true and correct register of such births and shall enter the same on a blank schedule, to be retained under his or her care during the life of such child, and shall cause the full name of each child, the date and place of birth, and the name and occupation of its parents, to be ascertained and entered on said schedule by the first day of each and every month of the year in which the child is born, and shall cause upon the mother, immediately thereafter it shall become the duty of the person or persons be in charge, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~4~~ 3^d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 28 of December 1892

4. Place of Birth, (Street and Number) 1441 Cooks St. Locust Point

5. Full Name of Mother, Adda Crispens

6. Mother's Maiden Name, Adda Potter

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Crispens

9. Father's Occupation, Cigar Drinner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Lina Muller Midwife

Address, 1402 Tawson St. Locust Point

Remarks,

Section 5. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall be taken, shall be furnished by the Commissioner of Health with a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of the mother, the date and place of birth, and the sex, color, race, and the full name of the practitioner in the form of a certificate between the first and third day of the month following the birth, and shall deliver the same to the Commissioner of Health, or to the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the practitioner to deliver the same to the Commissioner of Health, in compliance with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L00727**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. ~~Sex~~ (state whether male or female) Male

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, 27 of December, 1892

4. Place of Birth, (Street and Number) 929 Columbia Avenue

5. Full Name of Mother, Mary Gaylard

6. Mother's Maiden Name, Mary Smith

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Charles H. Gaylard

9. Father's Occupation, Iron Moulder

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N. Poppleton St

Remarks, _____

RETURN OF A BIRTH. **L00728**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth.* (*Street and Number*)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH. AL00729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
 Sex (state whether male or female) *Male*

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race) 1/2 1/4 1/8 3/8 3/4

3. Date of Birth, December 3/1892

4. Place of Birth, (Street and Number) 718 Congress St.

5. Full Name of Mother, Sarah Kellner

6. Mother's Maiden Name, " *Shumner*

7. Mother's Birthplace, Bello.

8. Full Name of Father, *Marj. Kellner*

8. Full Name of Partner *Lequire Store*

9. Father's Occupation, *Poland*

10. Father's Birthplace, _____
 _____ or other person who

Eduard P. ...

Name of Medical Attendant, or other person who makes this Return, *Edmund J. Williams*

Address, 208 Cayuga St

Remarks, _____

Section 76. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall be subject to the provisions of this act, and shall be liable to the same penalties as are provided for in this act. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall be subject to the provisions of this act, and shall be liable to the same penalties as are provided for in this act.

RETURN OF A BIRTH. L00730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December, 2nd, 1892

4. Place of Birth, (Street and Number) Bowling Lane near Belair Ave.

5. Full Name of Mother, Anna Rijs

6. Mother's Maiden Name, Schmitt

7. Mother's Birthplace, Germany

8. Full Name of Father, Jacob Rijs

9. Father's Occupation, Farmer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wilhelm Schmitt

Address, No. 1720 N. Collington Ave.

Remarks, none

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[illegible]

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 100732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, 29 day of December 1892
 4. Place of Birth, (Street and Number) 1457 Richardson St Locust Point
 5. Full Name of Mother, Marie Corr
 6. Mother's Maiden Name, Marie Mc Donald
 7. Mother's Birthplace, Govan Glasgow Britton
 8. Full Name of Father, Edward Corr
 9. Father's Occupation, Victor
 10. Father's Birthplace, Govan Glasgow Britton
- Name of Medical Attendant, or other person who makes this Return. Lina Miller Midwife
- Address, 1402 Towson St Locust Point
- Remarks, _____

L00733

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
Name Louis Michaelson
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Dec 26 1897*
 4. Place of Birth, (Street and Number) *611 E Balto St.*
 5. Full Name of Mother, *Jetta Mrs Michaelson*
 6. Mother's Maiden Name, *Jetta Hoffman*
 7. Mother's Birthplace, *(Germany) Riga, Russia*
 8. Full Name of Father, *Aaron Michaelson*
 9. Father's Occupation, *Riga, Russia*
 10. Father's Birthplace,
 Name of Medical Attendant, or other person who makes this Return, *Jan Lawson M.D.*
 Address, *1622 W Lombard St.*
 Remarks,

RETURN OF A BIRTH. L00735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race)*—

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

RETURN OF A BIRTH. L00736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 25th Dec.
 4. Place of Birth, (Street and Number) Pheaklepar St. 1732
 5. Full Name of Mother, Kate Postonski
 6. Mother's Maiden Name, " Seganick
 7. Mother's Birthplace, Poland
 8. Full Name of Father, Charlie Postonski
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Poland
 Name of Medical Attendant, or other person who makes this Return, Mary Krozka
 Address, 806 Ann St.
 Remarks,

Any person who shall neglect or refuse to furnish the information required by this section, or who shall furnish false information, shall be liable to a fine of not more than \$100, and to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court. Any person who shall neglect or refuse to furnish the information required by this section, or who shall furnish false information, shall be liable to a fine of not more than \$100, and to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court.

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Services. And he is further directed and enjoined that he shall keep a true and correct record of all births occurring in the City of Baltimore, and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which shall be entered in the full name of each child, if any shall have been born within the month, and shall set forth as the full name and occupation of its parents, the date and place of birth; and the date of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the father or mother of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH **L00737**
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 24, 92*

4. Place of Birth, (Street and Number) *1504 Rutland ally*

5. Full Name of Mother, *Mrs Gailly*

6. Mother's Maiden Name, *Bals.*

7. Mother's Birthplace, *Mrs. Gailly*

8. Full Name of Father, *Coachman*

9. Father's Occupation, *Illness*

10. Father's Birthplace, *Illness*

Name of Medical Attendant, or other person who makes this Return, *J. S. Galt*

Address, *1214 Green St*

Remarks,

of the City of Baltimore, Md., shall keep a true and correct record of the births and deaths occurring in the City of Baltimore, Md., and shall file the same with the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the first day of the month following the month in which the birth or death occurred. This schedule shall contain a list of the names of the parents, the date and place of birth, and the sex, color, and occupation of the child, and shall be filed with the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the first day of the month following the month in which the birth or death occurred. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L00738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21st of December

4. Place of Birth, (Street and Number) 433. Parisk St

5. Full Name of Mother, Emile Brand

6. Mother's Maiden Name, Emile Delia's

7. Mother's Birthplace, Germany

8. Full Name of Father, Oskar Brand

9. Father's Occupation, Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friedrich Reuter M.D. wife

Address, 211. West Pratt St

Remarks, _____

RETURN OF A BIRTH. L00739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24th of December

4. Place of Birth, (Street and Number) 1119 Lombard St.

5. Full Name of Mother, Lotte Stevens

6. Mother's Maiden Name, Lotte Weber

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James M. Stevens

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Frederike Henke Midwife

Address, 2116 West Pratt St.

Remarks,

Section 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the name of the child, the date and place of birth, the sex, the race or color, the name and occupation of its parents, the date and place of birth of the mother, and the name and occupation of the father, and shall deliver a true and correct copy of the same to the Registrar of Vital Statistics, in the manner and within the period above specified, and shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

L00740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth, Dec. 28, 1872
4. Place of Birth, (Street and Number) 310 Park St. N. W.
5. Full Name of Mother, Julia Hunt
6. Mother's Maiden Name, Hunt
7. Mother's Birthplace, Calverton, Va.
8. Full Name of Father, Henry Hunt
9. Father's Occupation, Farmer
10. Father's Birthplace, Baltimore, Md.
- Name of Medical Attendant, or other person who makes this Return, Wm. C. Dulany
- Address, 1121 East 1st St.
- Remarks, _____

RETURN OF A BIRTH. L00741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 22*
4. Place of Birth, (Street and Number) *Delmar, Del 23.25-*
5. Full Name of Mother, *Eliza Ann Jones*
6. Mother's Maiden Name, *Eliza Ann Jones*
7. Mother's Birthplace, *Delmar, Del.*
8. Full Name of Father, *Delmar, Del. Brown*
9. Father's Occupation, *First Lieutenant of*
10. Father's Birthplace, *Delmar, Del. at home*
Name of Medical Attendant, or other person who makes this Return, *Sarah E. Del 2206 Ettinger*
Address, *Sarah E. Del 2206 Ettinger*
Remarks, *Sarah E. Del 2206 Ettinger*

RETURN OF A BIRTH. **L00742**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)-

3. Date of Birth, Dec. 20th

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name*

7. *Mother's Birthplace,*-

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, -

Remarks,

SECTION 7.—And its officers enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same forthwith, and shall cause the said schedule to be filled up, and the same shall be furnished by the Commissioner of Health, and shall be so filled up as far as the same can be ascertained the full name of each child, the name of the mother, and shall enter the date and place of birth, and shall cause the said schedule shall be delivered to the Commissioner of Health, on the third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or of the Commissioner of Health, the midwife or person attending upon the mother, immediately thereafter, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or persons of such any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

2 Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race).....

3. *Date of Birth.* _____

4. *Place of Birth.* (Street and Number)..... 714 11 Ave. N.E.

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. Mother's Birthplace, _____

8. *Full Name of Father,* *John A. Smith*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, ...

Address, ... 7/21

Remarks, ...

RETURN OF A BIRTH. L00744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....4

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

5. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks

RETURN OF A BIRTH. L00745 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 19th

4. Place of Birth, (Street and Number) 4117 Holling St.

5. Full Name of Mother, Berthelina Hoof

6. Mother's Maiden Name, do

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Hoof

9. Father's Occupation, laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Katie M. Lynch

Address, 508 Leadenhall St.

Remarks,

Section 76. And the Registrar of the City of Baltimore, under whose charge or superintendence the Office of Health is, shall enter the same on blank schedule, to be kept in the Office of Health, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of the mother, the date and place of birth; and the date of delivery, and every month to the office of the Commissioner of Health, in case of any child of any child attending upon the mother, or practitioner of midwifery, or should, in other cases, be reported to the Office of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

And be it further enacted, that every person practicing midwifery in the City of Baltimore under whose clock or superintendence the birth of a child has occurred, shall keep a true and correct record of the same, and shall enter the same on a blank schedule, to be kept by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall be born, its sex, color, the date and place of birth, and the name and occupation of the practitioner in the case, and shall certify the birth of any child to the Commissioner of Health, and shall deliver to him a certificate of the birth of any child, and shall cause the same to be duly filed in the office of the Commissioner of Health, and shall cause any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L00746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec. 17th 1892
4. Place of Birth, (Street and Number) 771 Sarah Ann St.
5. Full Name of Mother, Cassie Roister
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other person who makes this Return, L. L. Ely M. D.
- Address, 622 N. Lombard St.
- Remarks, _____

RETURN OF A BIRTH. L00747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 17 December

4. Place of Birth, (Street and Number) 127 Perry St

5. Full Name of Mother, Julia [unclear]

6. Mother's Maiden Name, [unclear]

7. Mother's Birthplace, [unclear]

8. Full Name of Father, [unclear]

9. Father's Occupation, [unclear]

10. Father's Birthplace, [unclear]

Name of Medical Attendant, or other person who makes this Return, Katie M. [unclear]

Address, 800 [unclear]

Remarks, [unclear]

Notwithstanding any law or ordinance to the contrary, every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L00748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1892-15th of December
4. Place of Birth, (Street and Number) 1920 Ramsey St
5. Full Name of Mother, Anna Spittel
6. Mother's Maiden Name, Anna Weil
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry A. Spittel
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife
Address, 2116 West Pratt St
Remarks,

GIVEN NAME ADDED 11-15-54 161

Midwife, under whose charge or supervision the birth occurred, shall enter the same on blank schedule, to be kept by the Commissioner of Health, and shall set forth as far as the facts permit, the full name of each child, if any, shall have been born, the date and place of birth; and the name, rank, grade, position, and occupation of the mother, in case the birth occurred on the first and third day of each month, and the name, rank, grade, position, and occupation of the father, in case the birth occurred upon the mother, immediately thereafter, in the case of the person or persons of such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ^A L00749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st} 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 17 1892

4. Place of Birth, (Street and Number) 742 Vine St.

5. Full Name of Mother, Melley Dorsey

6. Mother's Maiden Name, Ma.

7. Mother's Birthplace, Ma.

8. Full Name of Father, _____

9. Father's Occupation _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, E. L. Eley M.D.

Address, 622 N. Lombard St.

Remarks, _____

RETURN OF A BIRTH. L00750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)..... male
2. Race or Color, (if not of the white race)..... Colored.
3. Date of Birth,..... Dec. 12th 1892
4. Place of Birth, (Street and Number)..... 818 Pierce St.
5. Full Name of Mother,..... Ella Kater,
6. Mother's Maiden Name,..... "
7. Mother's Birthplace,..... Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
Name of Medical Attendant, or other person who makes this Return,..... J. M. Lawson M. D.
Address,..... 622 N. Lombard St.
Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

Every person practicing midwifery in the City of Baltimore under whose name a birth is registered shall keep a true and correct register of such births, and shall enter the same in the form of a certificate between the first and third day of each and every month, and shall contain a list of the births which have occurred during the month, and shall be signed by the midwife, or other person who has attended the birth, and shall be presented to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Dec. 11th 1892

4. Place of Birth, (Street and Number) 622 N. Lombard St.

5. Full Name of Mother, Ida Hauff

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Geo. W. Layson M.D.

Address, 622 N. Lombard St.

Remarks, _____

RETURN OF A BIRTH. L00752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec. 11th 1892*
4. Place of Birth, (Street and Number) *212 St. Fayette St.*
5. Full Name of Mother, *Richard Orwood*
6. Mother's Maiden Name, *Md.*
7. Mother's Birthplace, *Md.*
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other person who makes this Return, *L. L. Ely M. D.*
- Address, *522 St. Lombard St.*
- Remarks, _____

Section 7. Every person practicing midwifery in the City of Baltimore, under whose charge a birth occurs, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be procured from the Office of Registrar of Vital Statistics, and shall set forth as far as possible the date and place of birth, the sex, color, the full name and occupation of the mother, the name of the child, the name of the physician or practitioner in the form of certificate between the first and second attendances upon the child, the name of the physician or practitioner immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Dec 12/92
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Dec. 11. 1892
 4. Place of Birth, (Street and Number) 609. S. Gould St
 5. Full Name of Mother, Ida May Switzer
 6. Mother's Maiden Name, Ida May Vincent
 7. Mother's Birthplace, Baltimore County
 8. Full Name of Father, Charles E. Switzer
 9. Father's Occupation, Painter
 10. Father's Birthplace, Baltimore City
 Name of Medical Attendant, or other person who makes this Return, Wm. H. A. Shackney
 Address, 731 Cumberland St
 Remarks, 731 Cumberland St

And he (if further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a member of the Board of Health, shall keep a true and correct register of such births, and shall submit the same to the Registrar of Births, on or before the first day of each month, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L00754**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *10th Dec 1892*

4. Place of Birth, (Street and Number) *923 N Washington St*

5. Full Name of Mother, *Mary H. C.*

6. Mother's Maiden Name, *Deary*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Frank H. C.*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Mary H. C.*

Address, *205 N Washington St,*

Remarks,

RETURN OF A BIRTH. AL00755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

22

1. *Sex*, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Calaveras

3. *Date of Birth,*

Dec. 5th 1892

4. *Place of Birth, (Street and Number)*

622 p. Lombard St.

5. *Full Name of Mother,*

Harriet Small

6. *Mother's Maiden Name,*

“ ”

7. *Mother's Birthplace,*

Med.

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

L. L. Ely M. D.

Address,

622 N. Lombard st.

Remarks

Section 100. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, shall keep a true and correct register of such births, and shall enter the same on a blank schedule to be provided for that purpose by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be delivered, duly signed by the practitioner, to the Registrar of Births, on or before the third day of each and every month. The full name of the child, the date and place of birth, and the sex, color, and condition of the child, shall be entered on the schedule. The practitioner shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5th Dec 1892

4. Place of Birth, (Street and Number) 2233 E. Fayette St.

5. Full Name of Mother, Mary Gayh

6. Mother's Maiden Name, Deermen

7. Mother's Birthplace, Germany

8. Full Name of Father, John Gayh

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kofsky

Address, 205 N Washington St.

Remarks,

Section 7-2-1. Every person practicing midwifery in the City of Baltimore, shall keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall deliver the same to the Commissioner of Health, on or before the third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ^A200757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 14 1891

4. Place of Birth, (Street and Number) Madison St. No 306

5. Full Name of Mother, Emmy D. Marr

6. Mother's Maiden Name, Emmy D. Miers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Vincent L. Marr

9. Father's Occupation, Paper hanger

10. Father's Birthplace, Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. S. Kelley

Address, 1922 W. Thiers Ave

Remarks, _____

RETURN OF A BIRTH. **A100758**
 ce of Registrar of Vital Statistics, Bureau of Health

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race).

3. Date of Birth, 2^d day of December 1892

4. Place of Birth, (Street and Number) *V 1308 Garrett Ave Louist Point*

5. Full Name of Mother, Antony na Hacy mireska

6. Mother's Maiden Name, Antonina Nickel

7. Mother's Birthplace, Gungby Russia Polen

8. Full Name of Father, Judy Klazmirek

9. Father's Occupation, Labourer

10. Father's Birthplace, *Saragyn Russia Polon*

Name of Medical Attendant, or other person who makes this Return, *Lina Müller Schmid*

Address, 1402 Locust Point (Townson Street)

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Wm. J. C. Dulaney Co., City printers and stationers.

RETURN OF A BIRTH L00759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th child

1. Sex, (state whether male or female)

Y. male

2. Race or Color, (if not of the white race)

white

3. *Date of Birth,*

Dec 3rd 1892

4. *Place of Birth, (Street and Number)*

1022 N. Carey St

5. Full Name of Mother,

Auntie L. Munster

6. *Molher's Maiden Name,*

11. 11 Benoit

7. *Mother's Birthplace,*

"Chili" S.A.

8. *Full Name of Father,*

Bernard Winter

9. *Father's Occupation,*

Merchant

10. *Father's Birthplace,*

Germanz

Name of Medical Attendant, or other person who makes this Return.

Gas. E. Gibbons M.D.

Address,

833 Edmondson Ave

Remarks,

Not more than one child shall be entered under each name, and no child shall be entered under a name which has been entered under another name, unless the child has been adopted, and then the name of the adoptive parent shall be entered in the column for the name of the mother. The Registrar of Births and Deaths shall be authorized to require the production of any certificate or other document which may be necessary to establish the identity of the child, or the legitimacy of the birth, or the right of the mother to register the birth, and to refuse to register the birth if he is not satisfied with the evidence produced. The Registrar of Births and Deaths shall be authorized to require the production of any certificate or other document which may be necessary to establish the identity of the child, or the legitimacy of the birth, or the right of the mother to register the birth, and to refuse to register the birth if he is not satisfied with the evidence produced.

RETURN OF A BIRTH. L00760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 1, 1892.

4. Place of Birth, (Street and Number) Annapha's Road.

5. Full Name of Mother, Mary E. Giller

6. Mother's Maiden Name, Mary Wheeler

7. Mother's Birthplace, Virginia

8. Full Name of Father, John Giller

9. Father's Occupation, New Jersey

10. Father's Birthplace, Essex, Blarney

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 111 Green St.

Remarks,

RETURN OF A BIRTH. L00761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

RETURN OF A BIRTH. AL09763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)... Female

2. Race or Color, (if not of the white race) — Black

3. Date of Birth, 13. 7th Dec 1899

4. *Place of Birth, (Street and Number)* 209 E. Hawk St

5. Full Name of Mother, Elizabeth Richter

6. *Mother's Maiden Name,* Smith

7. Mother's Birthplace, Austria

8. Full Name of Father, Miller Miller

9. *Father's Occupation*..... *Farmer*

10. Father's Birthplace, Lizbon, Portugal

Name of Medical Attendant, or other person who makes this Return, E. J. Brennan

Address, 2201 14th St. N.E.

Remarks.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery, or otherwise charge or superintendence a birth shall hereafter take place, shall keep a true and correct list of all births, in blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the birth, the date of birth, the month, and shall set forth as far as the same can be ascertained the full name of each child, the sex, color, the full name of the practitioner in the form of a certificate between the first and third day of each and every month, and the date of the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so be in attendance upon the mother, to report its birth to the Commissioner of Health, in the manner and within the period above provided, and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars in each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race)..... White
3. Date of Birth, 6 Dec 1892
4. Place of Birth, (Street and Number)..... 113 Central Ave.
5. Full Name of Mother, Rachel Berkus
6. Mother's Maiden Name, Silvers
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph Berkus
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, S. J. Johnson

Address,

Remarks,

any person practicing medicine in the City of Baltimore, who shall be further enacted and ordained that every person practicing medicine in the City of Baltimore, under whose charge or superintendence a birth shall be recorded, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, the date of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended by a physician or practitioner of medicine, he or she shall come the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and form and always required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ^A L00765
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 24 - 92

4. Place of Birth, (Street and Number) Garrett St. 1325

5. Full Name of Mother, Anna Klump

6. Mother's Maiden Name, Decker

7. Mother's Birthplace, Berlin Brandenburg

8. Full Name of Father, Walter Klump

9. Father's Occupation, Grocer

10. Father's Birthplace, Berlin

Name of Medical Attendant, or other person who makes this Return, Johanna Loeche

Address, Garrett St. 1325

Remarks, City

Baltimore, Md., this _____ day of _____, 19____, at _____, in the City of Baltimore, I, _____, do hereby certify that the foregoing is a true and correct copy of the original record of the birth of the child named above, as the same appears in the records of the City of Baltimore, and that the same has been duly filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH. L00766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* 26 Dec

4. *Place of Birth, (Street and Number)* 125 Carroll Street

5. *Full Name of Mother* Minnie Taylor

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Europe

8. *Full Name of Father* Abraham Taylor

9. *Father's Occupation* Schneider

10. *Father's Birthplace* Europe

Name of Medical Attendant, or other person who makes this Return Charles Branden

Address 1125 E. Pratt Street

Remarks

Persons who are not duly licensed to practice midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. Any person who shall enter the same on blank schedule, to be furnished by the Commissioner of Health, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. Any person who shall enter the same on blank schedule, to be furnished by the Commissioner of Health, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A100767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1st Child

1. Sex, (state whether male or female)..... Male - Hyman Fried

2. Race or Color, (if not of the white race).....

3. Date of Birth..... 22 Dec.

4. Place of Birth, (Street and Number)..... 1355 Colvin Street

5. Full Name of Mother..... Henry Fried

6. Mother's Maiden Name.....

7. Mother's Birthplace..... Europe

8. Full Name of Father..... Abraham Fried

9. Father's Occupation..... Doctor

10. Father's Birthplace..... Europe

Name of Medical Attendant, or other person who makes this Return..... E. L. Handley

Address..... 1135 E. Pratt St.

Remarks..... Full given name added by application for a transcript
Signed by father. Filed by Reg. No. J. C. H. - With Index Clerk

May 27-1929

Birth certificate of a child born in the City of Baltimore, Maryland, on the 21st day of December, 1892, at 407 N. Howard Street, to Ada Malithia Adelung, wife of Victor Adelung, both of whom are residents of the City of Baltimore, Maryland. The child was born at 407 N. Howard Street, Baltimore, Maryland, and was named Ada Malithia Adelung. The child was born at 407 N. Howard Street, Baltimore, Maryland, and was named Ada Malithia Adelung. The child was born at 407 N. Howard Street, Baltimore, Maryland, and was named Ada Malithia Adelung.

RETURN OF A BIRTH. L00768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 21st Dec 1892
 4. Place of Birth, (Street and Number) 407 N. Howard Street
 5. Full Name of Mother, Ada Malithia Adelung
 6. Mother's Maiden Name, Ada Beck
 7. Mother's Birthplace, Howard Co. Chvingo Md
 8. Full Name of Father, Victor Adelung
 9. Father's Occupation, Clerk
 10. Father's Birthplace, Geo. Washington D.C.
- Name of Medical Attendant, or other person who makes this Return, Mrs. Hubert
- Address, 231 S. Lippell St
- Remarks,

THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, HAS THE HONOR TO ANNOUNCE THAT THE REGISTRATION OF BIRTHS IN THE CITY OF BALTIMORE, DURING THE YEAR 1892, WILL BE COMPLETED BY THE 15TH OF DECEMBER, 1892. THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, HAS THE HONOR TO ANNOUNCE THAT THE REGISTRATION OF BIRTHS IN THE CITY OF BALTIMORE, DURING THE YEAR 1892, WILL BE COMPLETED BY THE 15TH OF DECEMBER, 1892.

RETURN OF A BIRTH. L00769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *15th Dec. 1892*

4. Place of Birth, (Street and Number) *1430 Broadway Ave.*

5. Full Name of Mother, *Mary Esther Norstad*

6. Mother's Maiden Name, *Mary Esther Miller*

7. Mother's Birthplace, *Hallington, D. C.*

8. Full Name of Father, *Lucy Carlson Norstad*

9. Father's Occupation, *Painter & Decorator*

10. Father's Birthplace, *Thomomay County, Neb.*

Name of Medical Attendant, or other person who makes this Return, *Dr. J. H. Smith*

Address, *23 N. Poppatton St.*

Remarks,

RETURN OF A BIRTH. L00770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 21 of December 1892,

4. Place of Birth, (Street and Number) 203 Conner Street

5. Full Name of Mother, Magie Smith

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, William George

8. Full Name of Father, Laborer

9. Father's Occupation, Feb Ireland

10. Father's Birthplace, Mrs Ed Hill MD

Name of Medical Attendant, or other person who makes this Return, 207 N Castle St Baltimore

Address, Remarks,

RETURN OF A BIRTH. 100771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 Dec. 1892
4. Place of Birth, (Street and Number) 640 Ann St.
5. Full Name of Mother, Stanta Imberabich
6. Mother's Maiden Name, " Jonatecki
7. Mother's Birthplace, Poland
8. Full Name of Father, Frank Imberabich
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland
Name of Medical Attendant, or other person who makes this Return, Mary Krzyka
Address, 806 Ann St
Remarks, _____

RETURN OF A BIRTH. 100772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5-12

1. Sex, (state whether male or female)

female

2. *Race or Color, (if not of the white race)*

White

3. *Date of Birth.*

December 17th 1892

4. *Place of Birth, (Street and Number)*

No 1128 Teach all

5. *Full Name of Mother,*

Mary Lechley

6. *Mother's Maiden Name.*

Mary Burr

7. *Mother's Birthplace*

Baltimore

8. *Full Name of Father.*

William Leechley

9. *Father's Occupation.*

Labore

10. *Father's Birthplace.*

Ballman

Name of Medical Attendant, or other person who makes this statement:

Catherine Hornung

Address,

N^o 15-17 Bayed so

Remarks

[illegible]

RETURN OF A BIRTH. **L00773**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Dec. 15. 10 o'clock a.m. 1892*
4. Place of Birth, (Street and Number) *303. Hoffman St.*
5. Full Name of Mother, *Mary Bowen*
6. Mother's Maiden Name, *Mary Carter*
7. Mother's Birthplace, *New York*
8. Full Name of Father, *James Bowen*
9. Father's Occupation, *Plumber*
10. Father's Birthplace, *Philadelphia*

Name of Medical Attendant, or other person who makes this Return, Mrs. Marie J. Gray

Address,..... 303. W. Hoffman St.

Remarks.

Record of Vital Statistics in the City of Baltimore

[illegible]

RETURN OF A BIRTH. L00774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1) Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) — 289

3. Date of Birth, Dec 16th 1892

4. Place of Birth, (Street and Number) - 1221 Main St.

5. Full Name of Mother, Sophia M. [unclear]

6. Mother's Maiden Name, Opport, R. Brown

7. Mother's Birthplace, St. Louis, Missouri

8. Full Name of Father, Joseph M. Jones

9. Father's Occupation Student

Year of Medical Attendance 1854

Name of Medical Attendant, or other person who makes this Return, John H. Smith

Address, 1111 E. 1st St. S. St. Paul, Minn.

Remarks,

RETURN OF A BIRTH. L05775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) #

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 16th 1892
4. Place of Birth, (Street and Number) No. 2103, Fredrick Ave
5. Full Name of Mother, Sophie Hauswald
6. Mother's Maiden Name, Sophie Kummer
7. Mother's Birthplace, Kattmon
8. Full Name of Father, Philipp Hauswald
9. Father's Occupation, Baker
10. Father's Birthplace, Germany
Name of Mother's Birthplace

Name of Medical Attendant, or other person who makes this Return,

Address, _____

Remarks,

Section 10. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall be charged with the duty of registering births, shall keep a true and correct record of such births, and shall enter the same on a blank schedule, to be provided for that purpose by the Commissioner of Health. This schedule shall contain the following questions, to be answered by the midwife, and shall be filled out for each birth which has occurred under her care during the said schedule shall be delivered to the Commissioner of Health, on or before the third day of each and every month, and shall be signed by the practitioner in the City of Baltimore, and shall be filed in the office of the Commissioner of Health, and shall be open to the inspection of any person at any time, and shall be subject to the provisions of this section, and any such person who shall fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 105776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*
1. Sex, (state whether male or female) *A. boy*
2. Race or Color, (if not of the white race) *White race*
3. Date of Birth, *Dec 13th*
4. Place of Birth, (Street and Number) *No 115 Central Ave*
5. Full Name of Mother, *Bessie Seur*
6. Mother's Maiden Name, *Bessie Guce*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Joseph Seur*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other person who makes this Return, *Yettie Feldman*
- Address, *1013 Lombard St*
- Remarks,

RETURN OF A BIRTH. 100777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4^d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) *1/2*

3. Date of Birth, December 10th 1879

4. Place of Birth, (Street and Number) 26, 32 Leaden (St)

5. Full Name of Mother, Angelika Matishoff

6. Mother's Maiden Name, Angelika Lemper

7. Mother's Birthplace, Bishop

8. Full Name of Father, John Molisheff

9. Father's Occupation, Labourer

10. *Father's Birthplace,* *Sweden*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

[illegible]

RETURN OF A BIRTH. 100778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female)..... male

2. Race or Color, (if not of the white race).....

3. *Date of Birth*,.....14 December

4. Place of Birth, (Street and Number)..... 20 W. Hai Street

5. Full Name of Mother,.....*David Berkowitz*.....

6. *Mother's Maiden Name*,

7. Mother's Birthplace, Germany

8. Full Name of Father, Abraham Bernhardt

9. Father's Occupation.....Hunt over the

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Lina Hambley

Address.....1125 E. Scott Street

Remarks,

RETURN OF A BIRTH. 100779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Kind
1. Sex, (state whether male or female) Mcdohen
2. Race or Color, (if not of the white race) Vaj
3. Date of Birth, 12 Decemr
4. Place of Birth, (Street and Number) 456 Durham St
5. Full Name of Mother, Antonina Lebendovsky
6. Mother's Maiden Name, Antonina Lebendovska
7. Mother's Birthplace, Prajzn
8. Full Name of Father, Jan Lebendovsky
9. Father's Occupation, arhajr
10. Father's Birthplace, Prajzn
Name of Medical Attendant, or other person who makes this Return, Marie Pratt
Address, L Bondok 838
Remarks,

RETURN OF A BIRTH. 100780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^{Kind}

1. Sex, (state whether male or female)..... *Male*

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29/9/1942

4. Place of Birth, (Street and Number).....*7 Decatur*
St. Paul

5. Full Name of Mother, Barbara L. Lital

6. Mother's Maiden Name, Lurman, Barbara

7. Mother's Birthplace, Prague

8. Full Name of Father, Alexander Sheeh

3. Father's Occupation..... *carpenter*

10. Father's Birthplace, Mass.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, *Marie Bell*

L. B. R. 21. 838

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 9 1882
4. Place of Birth, (Street and Number) # 2714 Tatapsu st
5. Full Name of Mother, Elizabeth Wohlschlag
6. Mother's Maiden Name, Hesser
7. Mother's Birthplace, Germania
8. Full Name of Father, Fredrich Wohlschlag
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Sarah J Harrington
- Address, W. 827 Brimley
- Remarks, _____

RETURN OF A BIRTH. A 100782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race). W. C. C.

3. Date of Birth,

4. Place of Birth, (Street and Number) Phu'sis Loi

5. Full Name of Mother, Marie L. L.

6. Mother's Maiden Name, Marie Ryan

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Eali' Lulu

9. Father's Occupation..... carpenter
or hair

10. *Father's Birthplace,* *Beth*

Name of Medical Attendant, or other person who makes this Return, Joanne

Address, 6 Maple St. Boston

Remarks, *at B. J. L. 1888*

10-8-54
RETURN OF A BIRTH. L00783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *2 December 1892*

4. Place of Birth, (Street and Number) *James St. 1506*

5. Full Name of Mother, *Ellen Allen Sussman*

6. Mother's Maiden Name, *Ellen Allen Samuel*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Sussman*

9. Father's Occupation, *Miller*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Marie P. Hill*

Address, *2 P. Bond St. 838*

Remarks,

RETURN OF A BIRTH. L06784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) — *Tajis*

3. *Date of Birth,* 5 Dec. 1881

4. Place of Birth, (Street and Number)..... 1505 Garden Grove

5. Full Name of Mother, Lili Hauvaki

6. Mother's Maiden Name, Lili Polichinski

7. Mother's Birthplace, *Rustland, Pa.*

8. Full Name of Father, Joseph Hanisch

9. Father's Occupation.....

10. *Father's Birthplace,* *Germany*
Rusland Pol.

Name of Medical Attendant, or other person who makes this Return,

Address, Marie Rod

Remarks, *L. Bond St. 828*

RETURN OF A BIRTH. L00785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 2nd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. *Date of Birth,* _____ 15 Dec 1911

Place of Birth, (Street and Number)..... *41 Bond St. 21*

5. Full Name of Mother, Georgeina Helen

6. Mother's Maiden Name, Harriet

7. Mother's Birthplace,..... *Baltimore*

8. Full Name of Father, Wm. H. Hall

9. Father's Occupation..... *German / Villa*
Tahaina

10. Father's Birthplace, Barre, Vermont

Name of Medical Attendant, or other person who makes this Return,.....

Address, *Mari's Place*

Remarks, *1. F. Bonest 8.10*

RETURN OF A BIRTH. 100786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 1/2

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race).....

3. Date of Birth, 3 December

4. Place of Birth, (Street and Number) 312

5. Full Name of Mother, Elizabeth

6. Mother's Maiden Name, = Ingle

7. Mother's Birthplace, *W. Prussia*

8. Full Name of Father, Earl Rich

9. Father's Occupation, *La. Police*

10. Father's Birthplace, *Prussian*

Name of Medical Attendant, or other person who makes this Return, Mr. J. J. J.

Address, 2524 Lancaster St.

Remarks,

any person who shall fail to comply with the provisions of this section shall be liable to a fine of not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

DEC 14 1892

RETURN OF A BIRTH

L00787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3 December

4. Place of Birth, (Street and Number) 1220

5. Full Name of Mother, Mary Haytown

6. Mother's Maiden Name, Septulsky

7. Mother's Birthplace, W. Prussia

8. Full Name of Father, Vicent Haytown

9. Father's Occupation, Labeler

10. Father's Birthplace, W. Prussia

Name of Medical Attendant, or other person who makes this Return, Miss E. Weiss

Address, 2524 Lancaster St.

Remarks, _____

SECTION 2. And he or she further directed and enjoined that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall be recorded, shall keep a time and correct record of the same, and shall set forth on a blank schedule, to be furnished to him or her, the name of the mother, the name of the child, the date of birth, the sex, the race or color, the place of birth, the full name and occupation of the father, the full name and occupation of the mother, the name of the medical attendant, the name of the person who makes this return, and the date of the birth, and shall forward the same to the Commissioner of Health, in the manner and at the time prescribed by the Board of Health, and shall be subject to the inspection of the Commissioner of Health, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100788
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Color*

3. Date of Birth, *December 10 1892*

4. Place of Birth, (Street and Number) *Baltimore 1340 Carroll*

5. Full Name of Mother, *Ms. Sackie Green*

6. Mother's Maiden Name, *Mrs. Sackie Hemmley*

7. Mother's Birthplace, *Greenfield Mississippi*

8. Full Name of Father, *George Green*

9. Father's Occupation, *Laborer Mar*

10. Father's Birthplace, *Mt. Airy, N. C.*

Name of Medical Attendant, or other person who makes this Return, *She is coming to my cell*

Address, *No 1340 Carroll Street*

Remarks, *11443 Ward Street.*

RETURN OF A BIRTH. L00789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female).....Male.....

2. Race or Color, (if not of the white race) W. H.

3. Date of Birth, 8th December 1872,

4. Place of Birth, (Street and Number)..... Hampton St No 1451

5. Full Name of Mother, Theresa Niel

6. Mother's Maiden Name,.....*Limick*.....

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Johan, Niel

9. Father's Occupation.....*Black Miner*.....

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return.....

Address, Haroldine Thurney Fort Elm N. 434

Remarks,

100790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *7 December*
4. Place of Birth, (Street and Number) *162 Postman St*
5. Full Name of Mother, *Grace Isabell McChase*
6. Mother's Maiden Name, *A. S. Perry*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Harry Edward McChase*
9. Father's Occupation, *Rail roasting*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return, *Mary S. Perry*
Address, *2847 Linnail St*
Remarks,

SECTION 1.—And be it further enacted, and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the list of the births which have occurred under his or her charge, and shall file the same with the Commissioner of Health, as far as the same may be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name of its parents, the date and place of birth, and the said schedule shall be duly signed by the practitioner in the form of a birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall be reported to the Commissioner of Health, in the manner and within the period above prescribed, or should no other person be in attendance upon the mother, immediately thereafter it shall be reported to the Commissioner of Health, in the manner and within the period above prescribed, or should no other person report its birth to the Commissioner of Health, in the manner and within the period above prescribed, or should no other person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 6 92

4. Place of Birth, (Street and Number) 935 W. 1st

5. Full Name of Mother, Mary Ann

6. Mother's Maiden Name, "", Burkholder

7. Mother's Birthplace, City

8. Full Name of Father, Mr. K. Ann

9. Father's Occupation, Shoe Mkr.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. G. W. G. W. G.

Address, 1119 E. 3rd

Remarks,

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose care and attendance a birth shall hereafter take place, shall keep a true and correct record of such birth, and shall enter the same in the schedule provided for that purpose by the Commissioner of Health, and shall deliver the same to the Commissioner of Health at the expiration of each month, and shall also deliver to the Commissioner of Health a certificate between the first and the last of each and every month, duly signed by the practitioner of Health, and containing the name of the child, the date and place of birth, and the name of the medical attendant, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ^{over} 100792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Edward Lynn Haesloop
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Dec 4
 4. Place of Birth, (Street and Number) 2857 Lanvale St
 5. Full Name of Mother, Margaret Ann (Hart) Haesloop
 6. Mother's Maiden Name, Margaret Ann
 7. Mother's Birthplace, Pennsylvania
 8. Full Name of Father, Henry (Richard) Haesloop
 9. Father's Occupation, shoemaker
 10. Father's Birthplace, Pennsylvania
- Name of Medical Attendant, or other person who makes this Return, Mary J. J. Perry
Address, 2847 Lanvale St
Remarks,

RECORDED BY Bartholomew Reed
SEE DOCUMENT FILE NO. E-05792
DATE 3/14/62 MAH Howers
CLERK

RETURN OF A BIRTH. L00793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....2

1. Sex, (state whether male or female). *Con*

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, December 31 1893

4. Place of Birth, (Street and Number) Smith West

5. Full Name of Mother, *Margaret Gahan*

6. Mother's Maiden Name, Maggie Butler

7. Mother's Birthplace, Washington D. C.

8. Full Name of Father, William Baker

9. Father's Occupation, *Lawyer*

10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other person who Marilda E. ...

Address, 1408 Bannock St

Remarks,

RETURN OF A BIRTH. 100794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 46

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 2nd 1892*
4. Place of Birth, (Street and Number) *124 Harrison St*
5. Full Name of Mother, *H. Herman*
6. Mother's Maiden Name, *H. Herman*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Joseph H. Herman*
9. Father's Occupation, *Bookkeeper*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other person who makes this Return, *John H. Herman*
Address, *1177 E. 1st St*
Remarks, *On 12/2/92*

RETURN OF A BIRTH. 100798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 1, 1892

4. Place of Birth, (Street and Number)..... 20 West 66 St

5. Full Name of Mother Dora David

6. *Mother's Maiden Name* Dara Phillips

7. Mother's Birthplace Belle & Millers
Belle

Full Name of Bathing

8) Father's Occupation: Student

10. Mother's Birthplace..... Stone Butte

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. *W. H. Barker*

Address, 213 E. Heath St.

Remarks, *Doing Well*

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female). male

2. Race or Color, (if not of the white race) *White race*

3. Date of Birth, December 19, 1909

4. Place of Birth, (Street and Number) 526 Walnut St

5. Full Name of Mother, Annie W. M.

6. Mother's Maiden Name *Emma Mae*

7. Mother's Birthplace *Pol. T. ...*

8. Full Name of Father William M. S.

8. Father's Occupation *carpenter*

9. Father's Occupation, Laborer

10. Father's Birthplace, Ballinore on L

Name of Medical Attendant, or other person who makes this Return, _____

Address, Mary Ann O'Haron

Remarks, 537 Walnut St

RETURN OF A BIRTH. *ALB 198*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 6 child

1. Sex, (state whether male or female), Male

2. Race or Color, (if not of the white race) White

3. *Date of Birth,* 1 Dec

4. Place of Birth, (Street and Number) 160 W. Dough St

5. Full Name of Mother, *Maggie Giffart*
6. Mother's Maiden Name *Begg*

6. Mother's Maiden Name, Bailey

7. Mother's Birthplace,..... Blatines ne

8. Full Name of Father, Friedrich Eshart

9. *Father's Occupation,* Teacher

10. *Father's Birthplace,* Chillicothe

Name of Medical Attendant, or other person who makes this Return, Dr. Max Gutke

Address, *27 114 North Bond St*

Remarks,

Section 5. And he if further enacted and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall occur, shall keep a true and correct record of the same, and shall enter the same in a blank schedule, to be furnished him by the Board of Health, and shall set forth as far as the same can be ascertained, the name of each child, of her race, color, sex, date of birth, the name and occupation of its parents, the name and place of birth, and the day of each and every occurrence of the Commissioner of Health. In case the birth of a child shall occur upon the attendance of a physician, or should no other persons of such attendance report its birth to the Commissioner of Health, in the manner provided for in this section, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered by other fines and forfeitures are recoverable.

1034

RETURN OF A BIRTH. *Al 100799*
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 1st*
4. Place of Birth, (Street and Number) *1432 Grand St*
5. Full Name of Mother, *Lisa Tolby*
6. Mother's Maiden Name, *Lisa T. Green*
7. Mother's Birthplace, *Piquette, Michigan*
8. Full Name of Father, *William T. Green*
9. Father's Occupation, *Teacher*
10. Father's Birthplace, *Rockville*
- Name of Medical Attendant, or other person who makes this Return, *Letter. H. Green*
- Address, *11778 North Bond*
- Remarks, *//*

of the birth of a child, and the date of birth, shall be reported to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, by the attending physician or other person who shall be present at the birth, and who shall be duly qualified to certify to the facts stated in the certificate. In case the birth of any child shall occur on a day when the Office of the Registrar of Vital Statistics is closed, the certificate shall be reported to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, on the next day after the birth of the child. Any person who shall fail to report the birth of a child as required by this section, shall be liable to a fine of ten dollars, and to the costs of this section, and the same shall be recoverable.

RETURN OF A BIRTH. 105800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 1st

4. Place of Birth, (Street and Number) 1121 Parrish Alley

5. Full Name of Mother, Jane Watkins

6. Mother's Maiden Name, Jane Watkins

7. Mother's Birthplace, Calvert Co. Md.

8. Full Name of Father, Not known

9. Father's Occupation, X

10. Father's Birthplace, X

Name of Medical Attendant, or other person who makes this Return, Miss Turner

Address, Parrish Alley

Remarks, _____

And he or she who shall keep a true and correct register of such births shall be liable to a fine of ten dollars for each offense, to be recovered as after fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Two's 2nd Child*

1. Sex, (state whether male or female) *maillif*

2. Race or Color, (if not of the white race) *W.*

3. Date of Birth, *Dec. 26, 1893*

4. Place of Birth, (Street and Number) *Maiden St. N. 412.*

5. Full Name of Mother, *James E. Miller*

6. Mother's Maiden Name, *James E. Melane*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James E. Melane*

9. Father's Occupation, *Booker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return,

Address, *Mary Hanck R. E. Eager W. A.*

Remarks, *3030.*

RETURN OF A BIRTH. 100802
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 2

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 20th 1892*
4. Place of Birth, (Street and Number) *1180 E. Proctor*
5. Full Name of Mother, *Annie Stewart*
6. Mother's Maiden Name, *Wilson*
7. Mother's Birthplace, *Baldwin*
8. Full Name of Father, *John W. Stewart*
9. Father's Occupation, *R.R. brakeman*
10. Father's Birthplace, *Harford Co Md*
- Name of Medical Attendant, or other person who makes this Return, *W. B. Billingsley*
- Address, *1206 E. Proctor St*
- Remarks,

100803

RETURN OF A BIRTH. 53378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The fifth child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *The 16 December 1893*
4. Place of Birth, (Street and Number) *1623 W. Baltimore St. Baltimore*
5. Full Name of Mother, *Lizzie C. Anderson*
6. Mother's Maiden Name, *Lizzie C. Kuhl*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Elbworth M. Anderson*
9. Father's Occupation, *Brick layer and contractor*
10. Father's Birthplace, *Fredrick C.O*
- Name of Medical Attendant, or other person who makes this Return, *Wm. Shockley*
- Address, _____
- Remarks, *Mrs Mary J. Shockley
731 Cumberland St.*

Ln 804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, February 4th 1893

4. Place of Birth, (Street and Number) 1080 Calvary street

5. Full Name of Mother, Lizzie Robinson

6. Mother's Maiden Name, *Lizzie Augustus*

7. Mother's Birthplace, Carlisle Store Talbot County Md
8. Full Name of Father, George Robinson

8. Full Name of Father, George Robinson

9. Father's Occupation, Fish business

10. *Father's Birthplace, Annapolis.*

Name of Medical Attendant, or other person who makes this Return, *Caroline Liden*

Address, 1006 Lafayette Street

Remarks

RETURN OF A BIRTH. 100805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) / 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 4th 1873
4. Place of Birth, (Street and Number) Sec 13 Brecons Lane
5. Full Name of Mother, Cathina C Lewis
6. Mother's Maiden Name, Cathina C Jeff
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John C Lewis
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, _____

Remarks,

Section 5. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall hereafter take place, shall be required to be furnished by the Commissioner of Health, with a blank schedule, to be filled out by the midwife, and to be returned to the Commissioner of Health, within the time specified therein. And the Commissioner of Health shall be authorized to cause a list of the names of the midwives to be published in the City Directory, and to cause a list of the names of the midwives to be published in the City Directory, and to cause a list of the names of the midwives to be published in the City Directory.

RETURN OF A BIRTH. 100806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4th Feb. 1893

4. Place of Birth, (Street and Number) Julia St. No. 620 West

5. Full Name of Mother, Eliza Lieman

6. Mother's Maiden Name, Georgel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Sam Lieman

9. Father's Occupation, Fireman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Charles Schway Tail Ebg N^o 434

Address, Charles Schway Tail Ebg N^o 434

Remarks, _____

Every person practicing medicine and surgery in the City of Baltimore, who is not a member of the Board of Health, shall keep a true and correct record of all births occurring in the City, and shall file the same with the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the first day of each and every month. The record shall be in the form of a certificate, and shall contain the following information: (1) Name of the child, (2) Sex, (3) Race or Color, (4) Date of Birth, (5) Place of Birth, (6) Full Name of Mother, (7) Mother's Maiden Name, (8) Mother's Birthplace, (9) Full Name of Father, (10) Father's Occupation, (11) Father's Birthplace, (12) Name of Medical Attendant, (13) Address, (14) Remarks. The record shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall be subject to inspection by the Board of Health. Any person who fails to comply with the provisions of this section shall be subject to a fine of not more than \$100 for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d Child.*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White Negro*
3. Date of Birth, *3d February*
4. Place of Birth, (Street and Number) *Lowe St 11042*
5. Full Name of Mother, *Nache Lat.*
6. Mother's Maiden Name, *Nache unit.*
7. Mother's Birthplace, *Russland*
8. Full Name of Father, *Morris Lat.*
9. Father's Occupation, *Calver*
10. Father's Birthplace, *Russland.*
- Name of Medical Attendant, or other person who makes this Return. *Mrs. C. C. C. C. C. C.*
- Address, *19 North High St.*
- Remarks,

RETURN OF A BIRTH 100808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

- | | |
|--|----------------|
| 1. Sex, (State whether male or female) | Male |
| 2. Race or color, (if not of the white race) | race - colored |
| 3. Date of Birth, | 12-07-1907 |
| 4. Place of Birth, (Street and Number) | Baltimore MD |
| 5. Full Name of Mother, | Raddie Jones |
| 6. Mother's Maiden Name, | Raddie Stevens |
| 7. Mother's Birthplace, | Wash DC |
| 8. Full Name of Father, | Mathias Jones |
| 9. Father's Occupation, | overlooker |
| 10. Father's Birthplace, | Baltimore MD |
| Name of Medical Attendant, | Amie Carson |
| Address, | 151 Stockhol |
| Remarks, | Remarks well |

SECTION 7. And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a member of the Board of Health, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 7th 1893.
4. Place of Birth, (Street and Number) Cedar Avenue Balt- City Md
5. Full Name of Mother, Mary C. Wehnart
6. Mother's Maiden Name, Furlley
7. Mother's Birthplace, Frederick Co Md
8. Full Name of Father, C. W. Wehnart
9. Father's Occupation, Balt- City Md
10. Father's Birthplace, Rail Road
- Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Martin
- Address, 2804 Cedar Avenue Balt- City
- Remarks,

16810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....*Female*
2. Race or Color, (if not of the white race).....*Caucasian*
3. Date of Birth,.....*March 10, 1884*
4. Place of Birth, (Street and Number).....*1011 1/2 1st St. N. Wash. D.C.*
5. Full Name of Mother,.....*Phoebe Jones*
6. Mother's Maiden Name,.....*Phoebe Smith*
7. Mother's Birthplace,.....*Baltimore*
8. Full Name of Father,.....*James A. Jones*
9. Father's Occupation.....*Writer*
10. Father's Birthplace,.....*Baltimore*

Name of Medical Attendant, or other person who makes this Return, Charles E. R. R. R.

Address, 113 1st Louis St

Remarks, *Another 1/2 specimen made*

and shall set forth its sex, color, the full name and occupation of the mother, the full name and occupation of the father, the date of birth, the place of birth, the name of the medical attendant, and the name of the person who makes this return. The Registrar shall enter the same on blank paper, and shall keep a true and correct copy of the same, and shall set forth a list of the births which have occurred under his jurisdiction, and shall cause the same to be printed and distributed to the several churches, societies, and other persons who may be interested in the same. The Registrar shall also cause to be printed and distributed to the several churches, societies, and other persons who may be interested in the same, a list of the names of the persons who have been born in the city of Baltimore, and shall cause the same to be printed and distributed to the several churches, societies, and other persons who may be interested in the same. The Registrar shall also cause to be printed and distributed to the several churches, societies, and other persons who may be interested in the same, a list of the names of the persons who have been born in the city of Baltimore, and shall cause the same to be printed and distributed to the several churches, societies, and other persons who may be interested in the same.

RETURN OF A BIRTH. 100811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 1st 1891
4. Place of Birth, (Street and Number) Baltimore City
5. Full Name of Mother, John Edwardson
6. Mother's Maiden Name, John Edwardson
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Edwardson
9. Father's Occupation, General Laborer
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other person who makes this Return, Elizabeth M. M.
- Address, Baltimore City
- Remarks, Baltimore City

RETURN OF A BIRTH. 100812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*
1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *white race*
 3. Date of Birth, *November 13*
 4. Place of Birth, (Street and Number) *Lincoln st 27 No.*
 5. Full Name of Mother, *Annie Coplan Glanovsky*
 6. Mother's Maiden Name, *Annie Coplan*
 7. Mother's Birthplace, *Russia*
 8. Full Name of Father, *Glanovsky*
 9. Father's Occupation, *Sailor*
 10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other person who makes this Return, *W. Faldmire*
- Address, *10 13 E. Lombard st*
- Remarks,

1897

Any person who shall neglect or refuse to comply with the provisions of this act, or who shall fail to report the birth of a child to the Registrar of Vital Statistics, or who shall fail to furnish the information required by the Registrar, shall be liable to a fine of not more than ten dollars for each offence, to be recovered by the Registrar of Vital Statistics.

RETURN OF A BIRTH 100813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *Color*

3. Date of Birth, *Nov. 16th*

4. Place of Birth, (Street and Number) *Lodge 656*

5. Full Name of Mother, *Ann Bach*

6. Mother's Maiden Name, *Ann Hanson*

7. Mother's Birthplace, *Ybivach - Va*

8. Full Name of Father, *John Bach*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other person who makes this Return, *Dr. J. B. Smith*

Address, *540 N. Beach*

Remarks, _____

RETURN OF A BIRTH. AL00814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....1st time

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 11 February

4. Place of Birth, (Street and Number)..... 214 E Lombard Str

5. Full Name of Mother,

6. Mother's Maiden Name, Betty Levin

7. Mother's Birthplace,..... *Georgia*

8. Full Name of Father, Luis Levin

9. Father's Occupation..... *Teacher*

10. Father's Birthplace, France

Name of Medical Attendant, or other person who makes this Return, Lisa Havelley

Address, 1125 E. Duportt St.

Remarks, -----

RETURN OF A BIRTH. 100815 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *10 of February 1893*
 4. Place of Birth, (Street and Number) *14 N Chapel St.*
 5. Full Name of Mother, *Marie Cppily*
 6. Mother's Maiden Name, *Marie Gleinzel*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *Johann Cppily*
 9. Father's Occupation, *Shoemaker*
 10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. F. A. Kille M.D.*
- Address, *207 N Castle St. Baltimore*
- Remarks, _____

In testimony whereof, the Registrar of Vital Statistics, Board of Health, Baltimore City, has hereunto set his hand and the seal of said Board, this 10th day of February, 1893.
 Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH. *100816*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race).*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

[illegible]

And he further covenants and undertakes that every person practicing midwifery in the City of Baltimore, shall keep a true and correct register of such birth, and shall enter the same on his or her book as soon as the birth has occurred, and shall be liable to the penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 100817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male child

2. Race or Color, (if not of the white race) Caucasian child

3. Date of Birth, 1 February

4. Place of Birth, (Street and Number) Blown Alley 327

5. Full Name of Mother, Mary W. Jones

6. Mother's Maiden Name, Mary Hunt

7. Mother's Birthplace, Calvert County

8. Full Name of Father, John Williams

9. Father's Occupation, Shoemaker

10. Father's Birthplace, West River

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Gross

Address, 213 York Street

Remarks, None

RETURN OF A BIRTH. 100818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, Feb 9 1913

4. Place of Birth, (Street and Number) No 1216 N. Ave 4th

5. Full Name of Mother, Radia Salomonson

6. Mother's Maiden Name, Mcaddan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Salomonson

9. Father's Occupation, Gen Agent in post office

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas. L. Jones

Address, 119 1907 E. Monument St

Remarks, _____

RETURN OF A BIRTH. 100819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 1st 1893

4. Place of Birth, (Street and Number) Baltimore St. No. 414

5. Full Name of Mother, Ella Wheeler

6. Mother's Maiden Name, London

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Wheeler

9. Father's Occupation, Wheel Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. C. Dulaney

Address, Marine Sparrow Tail Bldg. No. 434

Remarks, _____

Not to be filled out and returned until each person presenting a birth certificate in this city has been registered. This schedule shall contain a list of the births which have occurred under his or her care during the month for which it is made out. It shall be filled out by the person who has been authorized by the Board of Health to receive such returns, and shall be returned to the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs without the attendance of a physician or practitioner of medicine, the person attending the birth shall report its birth to the Commissioner of Health, in the manner and within the period, here required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 5, 1884
4. Place of Birth, (Street and Number) 333 S. Union St.
5. Full Name of Mother, Estherine Watson
6. Mother's Maiden Name, Estherine Thompson
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Edgar Watson
9. Father's Occupation, Bookbinder
10. Father's Birthplace, Baltimore, Md.
- Name of Medical Attendant, or other person who
makes this Return, Harry Rogers
- Address, 1713 Georgia St.
- Remarks, _____

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 6 Feb 93

4. Place of Birth, (Street and Number) 742 Lexington St

5. Full Name of Mother, Sarah Bittel

6. Mother's Maiden Name, H. Harhoff

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Gustav Bittel

9. Father's Occupation, Music Teacher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. H. H. H. H.

Address, 2514 Cass St Baltimore

Remarks,

Health Officer under whose care and direction this birth record is filed, and who shall enter the same in the blank schedule to be furnished by the Commissioner of Health, and who shall contain a list of the births which have occurred under his or her care during the year in which the child was born, and who shall sign the full name and occupation of its parents, the date and place of birth, and the sex, color, and condition of the child, and who shall deliver the same to the Commissioner of Health, in case the birth of any child occurs without the attendance of a medical attendant, or in case the mother, immediately thereafter, it shall become the duty of the person or persons of such attendance upon the mother, immediately thereafter, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 100832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

RETURN OF A BIRTH. 100823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb # 5 1882

4. Place of Birth, (Street and Number) No 311 Culington Avenue

5. Full Name of Mother, Mary Hamburg

6. Mother's Maiden Name, Jessie

7. Mother's Birthplace, Wilcomie County MD

8. Full Name of Father, Iren Hamburg

9. Father's Occupation, Captain

10. Father's Birthplace, Wilcomie County MD

Name of Medical Attendant, or other person who makes this Return, Sarah P. Hainington

Address, No 924 Bimbley St

Remarks,

RETURN OF A BIRTH 100824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female), *male*

2. Race or Color (if not of the white race), *Latino*

3. *Date of Birth,* 18

4. Place of Birth (Street and Number), 807 Fourth St.

5. Full Name of Mother, Josephine Adolph

6. Mother's Maiden Name, *Harriet Smith*

7. Mother's Birthplace, *England*

8. Full Name of Father, *Wm. R. Smith*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Belgium*

Name of Medical Attendant, or other person who makes this Return. *Francis Smith*

Address, 92-3 McIntosh St

Remarks,

104825

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *February 7. 1893*

4. Place of Birth, (Street and Number) *4007 Town str*

5. Full Name of Mother, *Mary Bancke*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Europe*

8. Full Name of Father, *Philip Bancke*

9. Father's Occupation, *Seaman*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other person who makes this return, *Mrs Cecile Benustein*

Address, *122 S. Exeter str*

Remarks, _____

Y01826

[illegible]

1. Sex, (state whether male or female) Female

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race), white

3. Date of Birth, February 6, 1893

4. Place of Birth. (Street and Number) 4120 Thomson str

5. Full Name of Mother, Sara Cohen

6 *Mother's Maiden Name,* _____

7. Mother's Birthplace *Europe*

1. Mother's Birthplace,

8. Full Name of Painter, *William*
9. Father's Occupation *Trainer*

9. Father's Occupation, Various
Farmer

10. Father's Birthplace, Europe
St. Louis, Mo.

Name of Medical Attendant, or other person who makes this Return, Mrs. Catherine Jones

Address, 122 S. Exeter St

Remarks: _____

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, within the limits of the City, shall, on or before the first day of January in each year, enter the same on blank schedule, to be furnished by the Commissioners of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, the date and place of birth, and the sex of each child, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

100827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 1st

4. Place of Birth, (Street and Number) 1891 N. Chester st

5. Full Name of Mother, Mary Gimbal

6. Mother's Maiden Name, Mary Becking

7. Mother's Birthplace, Germany

8. Full Name of Father, Peter Gimbal

9. Father's Occupation, Germany Beer Brewer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Bruns

Address, 1100 N. Chester st

Remarks, _____

And by it further enacted and ordained that every person practicing as a midwife in Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter thereon the name of the mother, the name of the child, the date and month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been entered, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of delivery, and shall also enter thereon the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 18 1893

4. Place of Birth, (Street and Number) Henrie St. N. 1471

5. Full Name of Mother, Ellegge Thomas

6. Mother's Maiden Name, Hedel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Georg Thomas

9. Father's Occupation, Wagon Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Schreyer Fort E. G. N. 434

Address, Caroline Schreyer Fort E. G. N. 434

Remarks, _____

Baltimore, under whose charge or superintendence a birth shall be reported, shall keep a true and correct record of the same, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been born, the date and place of birth, and the name of the mother, and the name of the father, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child, to be reported, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

100829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d & 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 17th 1893

4. Place of Birth, (Street and Number) 5 W. Hill St

5. Full Name of Mother, Bell Tweedel

6. Mother's Maiden Name, Bell Barfoot

7. Mother's Birthplace, Richmond Va

8. Full Name of Father, John W. B. Tweedel

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellennora A. Anderson

Address, 1434 Patapsco St

Remarks, Twins

Registrar of Births, Deaths and Marriages, Baltimore City. To be filled out by the Commissioner of Health, Baltimore City, and returned to the Registrar of Births, Deaths and Marriages, Baltimore City, within the time specified in the regulations. The Registrar of Births, Deaths and Marriages, Baltimore City, shall be responsible for the accuracy of the information furnished by the Commissioner of Health, Baltimore City, and for the proper filing and preservation of the records. The Registrar of Births, Deaths and Marriages, Baltimore City, shall also be responsible for the proper filing and preservation of the records of the Registrar of Births, Deaths and Marriages, Baltimore City, and for the proper filing and preservation of the records of the Registrar of Births, Deaths and Marriages, Baltimore City.

RETURN OF A BIRTH. A 100830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, Feb. 17, 1909
 4. Place of Birth, (Street and Number) 1100 E. Baltimore St. Baltimore
 5. Full Name of Mother, Mrs. Fannie Simpson
 6. Mother's Maiden Name, Fannie
 7. Mother's Birthplace, Charles County, Md.
 8. Full Name of Father, Mr. Charles Simpson
 9. Father's Occupation, Miller
 10. Father's Birthplace, Charles County, Md.
- Name of Medical Attendant, or other person who makes this Return, Mrs. Fannie Simpson
- Address, 723 E. Baltimore St. Baltimore
- Remarks, 11.2

and be further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of the same, which shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and hour of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-38-56
RETURN OF A BIRTH. 100831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alverta Virginia Caskey
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Feb. 17, 1893*
 4. Place of Birth, (Street and Number) *116 Seneca St.*
 5. Full Name of Mother, *Mary Caskey*
 6. Mother's Maiden Name, *Mary Pitt*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Thomas Caskey*
 9. Father's Occupation, *Driver*
 10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *M. W. Caskey*
Address, *212 E. Hull St.*
Remarks, *Living full*

Birth of each child, and shall enter the same in the blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the birth of each child, the date and place of birth, and the sex, color, and name of the child, the name and occupation of its parents, the date and place of birth, and the name of the medical attendant. The schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, on or before the third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of the medical attendant, or practitioner of midwifery, or should no other person be in attendance, the child shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 2, 1903

4. Place of Birth, (Street and Number) 121 Church St

5. Full Name of Mother, Jennie M. M. M.

6. Mother's Maiden Name, Jennie M. M. M.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank M. M.

9. Father's Occupation, Fireman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. M. M.

Address, 213 E. St. St.

Remarks, Living Well

LA 100833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex.* (state whether male or female)

2. *Race or Color, (if not of the white race)*—

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother, Harv Lumbal

6. *Mother's Maiden Name,* - Helena Maria

7. *Mother's Birthplace,*.....

8. Full Name of Father, Samuel L. Smith

9. *Father's Occupation.*

10. *Father's Birthplace,* *Garrison*

Name of Medical Attendant, or other person who makes this Return, A. Leitch M.D.

Address, 923 N. Central 4821.

Remarks,

RETURN OF A BIRTH.

100634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Kind

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 12 February

4. Place of Birth, (Street and Number) 125 Bond Street

5. Full Name of Mother, _____

6. Mother's Maiden Name, Beth Street

7. Mother's Birthplace, Europe

8. Full Name of Father, Bene Street

9. Father's Occupation, Stockman

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. H. H. H.

Address, 1125 E. Pratt St.

Remarks, _____

RETURN OF A BIRTH. 100835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, February 9 - 1893

4. Place of Birth, (Street and Number) 100835

5. Full Name of Mother, Mary J. Smith

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John J. Smith

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. H. Smith

Address, 100835

Remarks,

to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 7 1881

4. Place of Birth, (Street and Number) St. Fulton Ave 6-24

5. Full Name of Mother, Johanna E. Riley

6. Mother's Maiden Name, Johanna E. Stannorff

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Th. Riley

9. Father's Occupation, Laborer

10. Father's Birthplace, Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Kelly

Address, 10 19 22 Milkins St.

Remarks,

RETURN OF A BIRTH. 190837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female).

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

RETURN OF A BIRTH 100838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

Colored.

3. *Date of Birth,*

Feb. 6th 1893

4. *Place of Birth, (Street and Number)*

1350 *lunel*

5. *Full Name of Mother,*

Henrietta Tolston.

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

Mid

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

L. L. Ely M. D.

Address,

622 N. Lombard St.

Remarks

Section 2.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall be required to file with the Registrar of Births, within a blank certificate, to be furnished by the Commissioner of Health, the full name and occupation of its parents, the date and place of birth, and the sex, color, and race of the child, and the name of the physician or practitioner of midwifery, or the name of the person or persons who shall have attended upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 100838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

Colored.

3. Date of Birth,

Feb. 6th 1893.

4. Place of Birth, (Street and Number)

1350 Sunol

5. Full Name of Mother,

Henrietta Tolston.

6. Mother's Maiden Name,

"

"

7. Mother's Birthplace,

Md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other person who makes this Return.

L. L. Ely M. D.

Address,

622 N. Lombard St.

Remarks,

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct list of the births which have occurred under his or her supervision, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) color

3. Date of Birth, Sunday, 6

4. Place of Birth, (Street and Number) 1132 Vincent, st

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

100340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) *White*

3. *Date of Birth,* Feb. 3rd 1873

4. Place of Birth, (Street and Number) .. 622 N. Lombard St.

5. Full Name of Mother, Ida Hegmiller

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* *Calif.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. *L. L. Day M. D.*

Address, 621 N. Lombard St

Remarks,

And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to keep a register of the births which have occurred under his or her care during the year ending on the 31st day of December next, and to file the same with the Commissioner of Health, on or before the 1st day of January next following. The said register shall contain a list of the births which have occurred under his or her care during the year ending on the 31st day of December next, and shall be in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the person attending the birth of such child to person or persons who shall hereafter fail to comply with the provisions of this section shall be and he is hereby subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, February 2, 1892

4. Place of Birth, (Street and Number) 5 12th Street Baltimore

5. Full Name of Mother, Mary E. Schiller

6. Mother's Maiden Name, Schiller

7. Mother's Birthplace, Baltimore County Md

8. Full Name of Father, George W. Schiller

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore County Md

Name of Medical Attendant, or other person who makes this Return,

Address, 545 Highland Ave Baltimore

Remarks, Mother & Child

Every person practicing midwifery in the City of Baltimore, after having obtained and obtained a license from the Board of Health, shall keep a true and correct register of each birth, and shall enter the same on blank schedule, to be furnished by the Board of Health, and shall set forth as follows: the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its mother, the date, day, month, and year of its birth, the place of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the name of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 160842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....1

1. Sex, (state whether male or female).....Male

2. Race or Color, (if not of the white race).....White

3. Date of Birth,.....16th of November 1891

4. Place of Birth, (Street and Number).....125 Conway St.

5. Full Name of Mother,.....Maggie Parker

6. Mother's Maiden Name,.....Maggie Akehorst

7. Mother's Birthplace,.....Balto

8. Full Name of Father,.....Muirson Parker

9. Father's Occupation,.....Clerk

10. Father's Birthplace,.....Balto

Name of Medical Attendant, or other person who makes this Return,.....Friederike Recker Midwife

Address,.....2116 West Pratt

Remarks,

RETURN OF A BIRTH. 100843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 16,

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace*

8. *Full Name of Father*

9. Father's Occupation

9) *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return.

Address, 726 Nuzeman

Remarks *U*

RETURN OF A BIRTH. 160844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female)..... male
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... July 13 '71
4. Place of Birth, (Street and Number)..... 100 Atlantic
5. Full Name of Mother,..... Fanny
6. Mother's Maiden Name,..... Jacobs
7. Mother's Birthplace,..... Riga
8. Full Name of Father,..... Joseph E. Green
9. Father's Occupation,..... Tailor
10. Father's Birthplace,..... Riga

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Tate

Address, 217 W. High St.

Remarks,

Section 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, shall keep a true and correct register of such births and shall deliver to the Commissioner of Health, a true and correct copy of such register, within the month next following the birth of each child, if any, shall have been born in the City of Baltimore, and the date and place of birth, and the name of the mother, and the name of the father, and the name of the child, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to report the birth of each child to the Commissioner of Health, in the manner and within the period above required, and any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 10, 1893
4. Place of Birth, (Street and Number) 1102 Curley St.
5. Full Name of Mother, Mary Walbey
6. Mother's Maiden Name, Mary Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Walbe
9. Father's Occupation, Copper
10. Father's Birthplace, Balto.
- Name of Medical Attendant, or other person who makes this Return, Mary S. Quayne
- Address, 726 Luzerne St.
- Remarks, _____

RETURN OF A BIRTH. 100846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21 October 1893

4. Place of Birth, (Street and Number) 2527

5. Full Name of Mother, Elizabeth

6. Mother's Maiden Name, Gray

7. Mother's Birthplace, Albany, Germany

8. Full Name of Father, John

9. Father's Occupation, carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. J. J. Shockey

Address, 731 Cumberland St

Remarks, 731 Cumberland St

RETURN OF A BIRTH. 101647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....3

1. Sex, (state whether male or female).....Female.....

2. Race or Color, (if not of the white race).....*White*.....

3. *Date of Birth*,.....21 February 1872.....

4. *Place of Birth, (Street and Number)*.....1141 Locust Ave. 1.....

5. Full Name of Mother, Mary Joseph

6. *Mother's Maiden Name,*.....*Mary Clark*.....

7. Mother's Birthplace, *Uusikaupunki, Finland*

8. Full Name of Father, Yisroel Samuil

9. *Father's Occupation*..... *Shoemaker*.....

10. Father's Birthplace, State of Indiana

Name of Medical Attendant, or other person who makes this Return, Alvin S. Lauer

Address, Durham 104

Remarks,

Section 2. And be it further enacted and ordained that every person practicing for midwife in the City of Baltimore, shall be required to keep a true and correct register of such births, and shall enter the same on a blank sheet of paper, and shall file the same with the Registrar of Births, and shall be subject to the inspection of the Registrar of Births, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *Feb 20 1893*

4. Place of Birth, (Street and Number) *Carroll St*

5. Full Name of Mother, *Harriet Harrid*

6. Mother's Maiden Name, *Harriet Carr*

7. Mother's Birthplace, *Prince George Co*

8. Full Name of Father, *Samuel Harrid*

9. Father's Occupation, *laborer man*

10. Father's Birthplace, *Seven River*

Name of Medical Attendant, or other person who makes this Return, *Lucas Miles*

Address, *1426 Carroll St* *father is getting lang sphen*

Remarks, *S. Lucas Miles 1443 Ward St*

And every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall be taken, shall keep a true and correct record of the same, and shall at least once a month, and shall at least as far as the same can be ascertained, the full name of each child, if any shall have been born, and the date of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so required, and any such person or persons who shall hereafter fail to comply with this requirement, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 100849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (State whether male or female) Male
 2. Race or color, (if not of the white race) race blurred
 3. Date of Birth, February 20th 1893
 4. Place of Birth, (Street and Number) 851 Stockholm St
 5. Full Name of Mother, Baltimore M.D.
 6. Mother's Maiden Name, Henrietta Chambers
 7. Mother's Birthplace, Henryetta Carson
 8. Full Name of Father, Baltimore M.D.
 9. Father's Occupation, Stephen Chamber
 10. Father's Birthplace, Baltimore M.D.
- Name of Medical Attendant, or other person who makes this Return, Brickellaker
- Address, Anne Carson
- Remarks, 851 Stockholm St
- Remarks will at Hager

44-38861-350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20 1891
4. Place of Birth, (Street and Number) 422 Madison Ave. New York
5. Full Name of Mother, Anna P. Johnson
6. Mother's Maiden Name, Mr. E. Johnson
7. Mother's Birthplace, Baltimore, Maryland
8. Full Name of Father, John H. Johnson
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore, Maryland

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, _____

Returner under whose charge or supervision a birth shall be recorded, shall keep a true and correct record of the same, and shall set forth as far as the same can be ascertained the full name of each child of any shall have said schedule shall be delivered to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 24. February.
4. Place of Birth, (Street and Number) Richerson St. 1446
5. Full Name of Mother, Wilhelmine Scherte
6. Mother's Maiden Name, " Schock.
7. Mother's Birthplace, Wurtemberg.
8. Full Name of Father, Johan Scherte
9. Father's Occupation, Vagab.
10. Father's Birthplace, Wurtemberg.
- Name of Medical Attendant, or other person who makes this Return. Katharina Wofen
- Address, Beason St. 1421 Locus Point.
- Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

100853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....4.

1. Sex. (state whether male or female).....*male*.....

2. Race or Color, (if not of the white race).....

3. *Date of Birth*, 2001/07/22

4. *Place of Birth, (Street and Number)*.....123-45678901

5 Full Name of Mother, *Martha G. Ensign*

6. Mother's Maiden Name.....

2. Mother's Birthplace Germany

8. Full Name of Father Richard Galante Jr

6. Father's Occupation _____ *Owner*

10. Father's Birthplace Germany

Name of Medical Attendant or other person who *Wm. J. Lierseman.*

Remarks,

Section 2.—And he it further enacted and ordained that every person practicing medicine in the City of Baltimore under a license shall be required to keep a list of the births which shall be furnished by the Commissioner of Health. This schedule shall contain a list of the births which shall be furnished by the Commissioner of Health, entered in its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, to the office of the Commissioner of Health, in the manner and within the period above mentioned, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 20, 1893.

4. Place of Birth, (Street and Number) 2617 Lombard St

5. Full Name of Mother, Pauline W. Luck,

6. Mother's Maiden Name, Pauline Holmsaker.

7. Mother's Birthplace, Balto.

8. Full Name of Father, John W. Luck.

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swaine

Address, 726 Suzanne St.

Remarks, _____

Y00855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... / 0¹²

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race)--- White

3. Date of Birth, 19th February

4. Place of Birth, (Street and Number)..... 2000 61414/1611 7/1

5. Full Name of Mother, Bessie Specker

6. Mother's Maiden Name, Bessie Mahan

7. Mother's Birthplace, Vol
Dixie Lobb

8. Full Name of Father, James H. K. 107
John

9. *Father's Occupation*.....

10. *Father's Birthplace,* 18
19 *St. Francis, Wash. D.C.*

Name of Medical Attendant, or other person who makes this Return, Friederike Bentke Midwife

Address, 216 West Pratt

Remarks:

any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 17th 1893

4. Place of Birth, (Street and Number) 111 5th Ave

5. Full Name of Mother, Lisie Makeloot

6. Mother's Maiden Name, Hopfield

7. Mother's Birthplace, Germany

8. Full Name of Father, Adolph Makeloot

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Arthur M. Munnich

Address, 100 Linden Hall St.

Remarks, _____

RETURN OF A BIRTH. 100857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female), *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *February 15 1893*
4. Place of Birth, (Street and Number) *545 Baltimore MD*
5. Full Name of Mother, *Emma E. Jones*
6. Mother's Maiden Name, *Steel*
7. Mother's Birthplace, *Baltimore County MD*
8. Full Name of Father, *George S. Jones*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Baltimore MD*

Name of Medical Attendant, or other person who makes this Return,

Address, *Martha E. Jones*

Remarks, *545 Baltimore MD*

RETURN OF A BIRTH. 100658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 4

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... Feb 16
4. Place of Birth, (Street and Number)..... Leuven - 623
5. Full Name of Mother,..... Mary Strauport
6. Mother's Maiden Name,..... Mary Bosmans
7. Mother's Birthplace,..... Belgium
8. Full Name of Father,..... Frank Strauport
9. Father's Occupation..... glass work
10. Father's Birthplace,..... Belgium

Name of Medical Attendant, or other person who makes this Return.....

Address, Philadelphia, Pa.

Remarks,

RETURN OF A BIRTH. L00859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether ~~male~~ or female).....

2. Race or Color, (if not of the white race)

3. Date of Birth, 14 February

4. Place of Birth, (Street and Number) 214 West Hennessey Rd

5. Full Name of Mother, Alma Lena Garment

6. Mother's Maiden Name. Lena Roiter

7. Mother's Birthplace..... Germany

8. Full Name of Father *August Gower*

9. Father's Occupation Beer salesman

10. *Father's Birthplace* Germany

Name of Medical Attendant or other person who

1. I am the person who makes this Return.

Address,.....*1111 222 1111111111 1111*.....

Remarks,

RETURN OF A BIRTH

Lin 360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Agnes Irene Boyer

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

any person who shall be guilty of any of the following offenses, to-wit: who shall deliver a child without the attendance of a physician or practitioner of midwifery, or shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, or shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 106862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 16th February

4. Place of Birth, (Street and Number) Carey St. Canton

5. Full Name of Mother, Alma Andrew

6. Mother's Maiden Name, Alma Ast

7. Mother's Birthplace, German

8. Full Name of Father, Hermann Andrew

9. Father's Occupation, Shoemaker

10. Father's Birthplace, German

Name of Medical Attendant, or other person who makes this Return, Mrs. J. L. L. L.

Address, 1225 Hare St.

Remarks,

100-853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth one*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 12, 1893*

4. Place of Birth, (Street and Number) *Chestnut Street, 103*

5. Full Name of Mother, *Mary Hatch*

6. Mother's Maiden Name, *Mary Kent*

7. Mother's Birthplace, *Prince George County, Md.*

8. Full Name of Father, *William Math*

9. Father's Occupation, *labor*

10. Father's Birthplace, *Prince George County, Md.*

Name of Medical Attendant, or other person who makes this Return, *Miss Abert. Gachon*

Address, *129 Rogers Ave*

Remarks, *Baltimore, Md.*

RETURN OF A BIRTH. A 100864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)..... White

3. Date of Birth, *Mar. 10/93.*

4. Place of Birth, (Street and Number) 10 E. Fayette str. Eft.

5. Full Name of Mother, *Kathie Lankship*

6. Mother's Maiden Name, 0 " Linder

7. Mother's Birthplace, *Balto*

S. Full Name of Father, Marian Langfakis

9. Father's Occupation..... Carpenter

10. *Father's Birthplace*, *Baltic*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, ..

RETURN OF A BIRTH. *A 100865*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, *24*

4. Place of Birth, (Street and Number) *2411 11th St*

5. Full Name of Mother, *Christa Baker*

6. Mother's Maiden Name, *Christa Baker*

7. Mother's Birthplace, *St. Mary's County*

8. Full Name of Father, *Franklin Baker*

9. Father's Occupation, *Farmer*

10. Father's Birthplace, *St. Mary's County*

Name of Medical Attendant, or other person who makes this Return, *Dr. H. J. Adams*

Address, *2411 11th St*

Remarks, *Caroline Baker 41 11th St*

RETURN OF A BIRTH. A 100667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....1.

1. Sex, (state whether male or female). male.
2. Race or Color, (if not of the white race).
3. Date of Birth, 26 February.
4. Place of Birth, (Street and Number) 1234 First Street.
5. Full Name of Mother, Johann Joseph.
6. Mother's Maiden Name, Henig.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Medicus.
9. Father's Occupation, Doctor.
10. Father's Birthplace, Germany.
- Name of Medical Attendant, or other person who makes this Return, Dr. C. Lieberman.
- Address, 1234 First Street.
- Remarks,

10568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

Register of Births, Deaths and Marriages. This schedule shall contain a list of the births which shall be reported to the Commissioner of Health. It shall be delivered to the Commissioner of Health by the medical attendant upon the mother, immediately after the birth of the child, and shall be filed in the office of the Commissioner of Health. In case the birth of a child occurs without the attendance upon the mother, immediately after the birth of the child, the medical attendant shall report the birth to the Commissioner of Health, in the manner provided above required, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A100869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Virginia 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 25

4. Place of Birth, (Street and Number) Kind Hospital, Md.

5. Full Name of Mother, Mary Ellen

6. Mother's Maiden Name, McDon

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Lib. Lander

Address,

Remarks,

14-00000

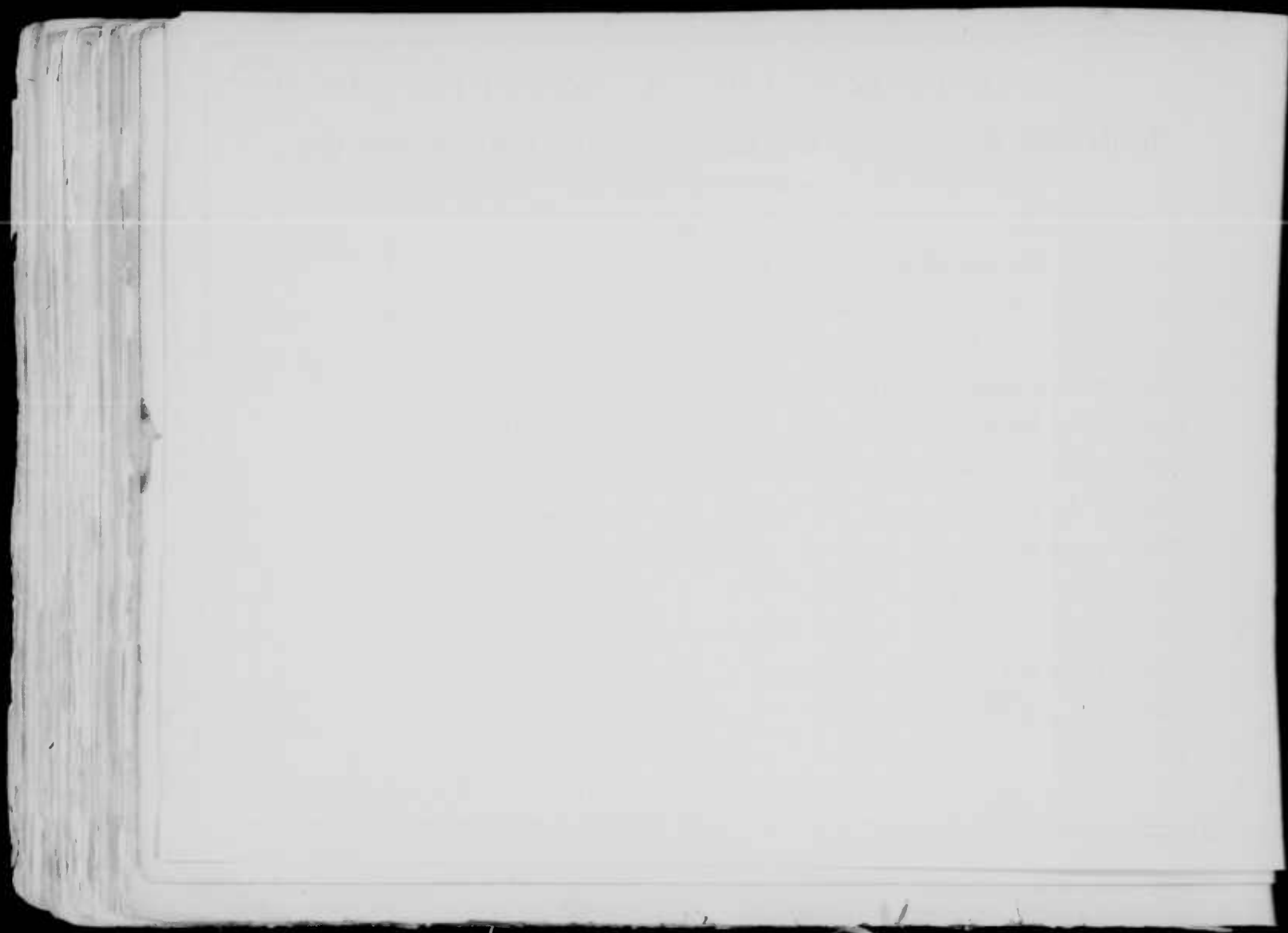
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2

1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race)..... White
3. Date of Birth, February 24, 1893
4. Place of Birth, (Street and Number) 1825
5. Full Name of Mother, Constantin Carlström
6. Mother's Maiden Name, Constantin Jenson
7. Mother's Birthplace, Norway
8. Full Name of Father, Frans Oskar Carlström
9. Father's Occupation, Painter
10. Father's Birthplace, Sweden

Name of Medical Attendant, or other person who makes this Return, *Edwin Smith*

Address, 1713 Eastern av.

Remarks,



to secure a full and correct record of Births in Baltimore.

SECTION 7.—And he it further enacted and ordained that the Registrar of Births in Baltimore under whose charge or superintendence a birth shall hereinafter be recorded shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if born during the month, and the date of birth, and the place of birth, and the name of the mother, and the name of the father, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SECTION 7.—And he it further enacted and ordained that the Registrar of Births in Baltimore under whose charge or superintendence a birth shall hereinafter be recorded shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if born during the month, and the date of birth, and the place of birth, and the name of the mother, and the name of the father, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th Child 973

1. Sex, (state whether male or female)

Female Child

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 7th 1889

4. Place of Birth, (Street and Number)

4th St Baltimore City, Md

5. Full Name of Mother,

Mary Gorman

6. Mother's Maiden Name,

Mary Nolan

7. Mother's Birthplace,

Baltimore County Md

8. Full Name of Father,

Allen Gorman

9. Father's Occupation,

Water department

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Margaret Zempel

Address,

Mount St m Valley Balt City Dist

Remarks,

Section 7. And be it further enacted, that any person who shall deliver a birth shall hereafter take place, shall keep a record of the same, and shall set forth as far as the same can be ascertained the full name of each child, its sex, its race or color, its date of birth, its place of birth, the name of its mother, and the name of its father, and shall file the same in the office of the Commissioner of Health, in the manner and to the effect hereinafter provided. In case the birth of any child shall occur on the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance at the birth, the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and to the effect hereinafter provided, shall be deemed to have been performed, and no such person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{A. 100871}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (State whether male or female) Female Child

2. Race or color, (if not of the white race) White

3. Date of Birth, February 25th

4. Place of Birth, (Street and Number) Eastmore St. & 10th St.

5. Full Name of Mother, Ellen M. Jones

6. Mother's Maiden Name, Ellen M. Jones

7. Mother's Birthplace, St. Mary County

8. Full Name of Father, William Jackson

9. Father's Occupation, Overseer Drinker

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. James M. Jones

Address, 242 North 1st St.

Remarks, Remarks well

Section 7. And be it further enacted, that every person practicing midwifery in the City of Baltimore, under whose care and management a child is born, shall, within the month of the birth, and shall enter the same on the list of the births which have occurred under his or her management, and shall set forth as far as he or she can ascertain, the sex, color, the full name and occupation of the mother, the place of birth, and the date of birth, and shall deliver the same to the office of the Commissioner of Health, in the form of a certificate, on or before the third day of the month following the birth of the child, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, February 26th
 4. Place of Birth, (Street and Number) 647 Portland street
 5. Full Name of Mother, Esther Kellgren
 6. Mother's Maiden Name, Esther Hoffman
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Frederick Kellgren
 9. Father's Occupation, machinist
 10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Dr. J. S. Schuch
- Address, 735 N. Pratt st.
- Remarks, _____

RETURN OF A BIRTH. 100872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female).....Male.....

2. Race or Color, (if not of the white race)-----white-----

3. Date of Birth, February 26th

4. Place of Birth, (Street and Number)-----647 Portland street

5. Full Name of Mother, Charles Keelton

6. Mother's Maiden Name..... *Elizabeth Hollman*

7. Mother's Birthplace..... *Germany*

8 Full Name of Father *Paul B. Brown*

9) Father's Occupation *Merchant*

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other person who makes this Return..... *Wm. J. DeLoach*

Address..... 735 W. Pratt St.

Remarks,

RETURN OF A BIRTH.

100873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26 February

4. Place of Birth, (Street and Number) 920 Chapel St

5. Full Name of Mother, Annie Varrinec

6. Mother's Maiden Name, Annie Cepel

7. Mother's Birthplace, Brouseville Bohemia

8. Full Name of Father, Jan Varrinec

9. Father's Occupation, Trailer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Aloisia Litalora

Address,

Remarks,

RETURN OF A BIRTH. **AL00874**
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *22 Feb. 1893*

4. Place of Birth, (Street and Number) *423 W. Hamburg St.*

5. Full Name of Mother, *Sarah Smith*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Calvert County*

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, *Sarah Hooper*

Address, *610 Bungeudy ally*

Remarks, _____

RETURN OF A BIRTH. / 100875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 head

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 28 of February 1898

4. *Place of Birth, (Street and Number)* 1111 Broadway Court

5. Full Name of Mother, Mary Pearce

6. Mother's Maiden Name, Marion Baker

7. Mother's Birthplace, T. B. Co. Conn.

8. *Full Name of Father,* Walter B. B. B.

9. *Father's Occupation.* *Comptroller la Brea*

10. *Father's Birthplace,* St. Mary's, Conn.

Name of Medical Attendant, or other person who makes this Return, Alvin H. Heston

Address, 939 Howard Ave

Remarks, Boiler

Notice of such birth and shall enter the same on blank schedule, to be furnished by the Registrar, and shall set forth as far as the law requires, the name, sex, color, the full name and occupation of its parents, the date and place of its birth, the day of each and the name of the physician or practitioner who attended upon the mother, immediately thereafter, it shall be the duty of the person in whose presence the birth occurred, to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. *AL 10676*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d Kindr.*

1. Sex, (state whether male or female) *2^d Male*

2. Race or Color, (if not of the white race) *W*

3. Date of Birth, *23 February*

4. Place of Birth, (Street and Number) *7 Dallas St. 847*

5. Full Name of Mother, *Anna Kocan*

6. Mother's Maiden Name, *Anna Spoka*

7. Mother's Birthplace, *Hungary*

8. Full Name of Father, *Karaj Kocan*

9. Father's Occupation, *carpenter*

10. Father's Birthplace, *Hungary*

Name of Medical Attendant, or other person who makes this Return, *Marie Prohl*

Address, *11 Bond St. 843*

Remarks, *11 Bond St. 843*

RETURN OF A BIRTH. A 100677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 4th child

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) Thai

3. Date of Birth, 22 February

4. Place of Birth, (Street and Number)..... *Blakely 1128*

5. Full Name of Mother, Elizabeth Niles

6. *Mother's Maiden Name*, Ellen Perkin

7. *Mother's Birthplace,*..... *Mass.*

8. Full Name of Father, John Nelson

9. Father's Occupation.....aircraft

10. *Father's Birthplace,* Hungary

Name of Medical Attendant, or other person who makes this Return.

Address, Marie Frost

Remarks, 14 June 1933

RETURN OF A BIRTH 100878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

RETURN OF A BIRTH. 100879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. *Sex*, (state whether male or female).

Book

2. Race or Color, (if not of the white race)

White

3. *Date of Birth,*

28. *L. clausus*

4. *Place of Birth, (Street and Number).*

430 South Washington St.

5. *Full Name of Mother,*

Marie Croft

6. *Mother's Maiden Name,*

Chaired

7. *Mother's Birthplace,*

Balkin

8. *Full Name of Father,*

John L. Smith

9. *Father's Occupation.*

Leila Brown

10. *Father's Birthplace,*

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Th. Gilke

Address,

117 South Bond Street

Remarks,

RETURN OF A BIRTH. 100880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 28/93.
4. Place of Birth, (Street and Number) 607. Rose str.
5. Full Name of Mother, Sibylla Ikana
6. Mother's Maiden Name, " Ernst
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Ikana
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Dickenhofer
 Address, 106 Eastern Ave.
 Remarks, _____

Health, and this schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of the next month to the office of the Commissioner of Health. In case the birth of any child shall occur during the month, the practitioner shall immediately thereafter report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13^{ten} kind

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 27 Feb. Pratt St

4. Place of Birth, (Street and Number) 111 E Pratt Fannie Seidman

5. Full Name of Mother, Fannie Seidman

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Samuel Seidman

9. Father's Occupation, Butcher

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Lina Handler

Address, 1125 E Pratt St

Remarks,

100582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th son
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 Feb
4. Place of Birth, (Street and Number) 415 Caroline Str
5. Full Name of Mother, Rose Nifinger
6. Mother's Maiden Name, Europa
7. Mother's Birthplace, Haders Nifinger
8. Full Name of Father, Tedler
9. Father's Occupation Europa
10. Father's Birthplace, Lima, Peru
Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Pratt
Address, 1125 f Pratt Str
Remarks,

RETURN OF A BIRTH. 100883 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) color

3. Date of Birth, Feb- 25th 1893

4. Place of Birth, (Street and Number) 758 Vine St

5. Full Name of Mother, Jennie Lerrick

6. Mother's Maiden Name, Jennie Watkins

7. Mother's Birthplace, Howard co Md

8. Full Name of Father, Charles Lerrick

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Charlottie Williams

Address, 710 Leaden - Hall st

Remarks, five dollars

RETURN OF A BIRTH.

A 16-5884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female).

2. *Race or Color, (if not of the white race).*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

10-685

10-685

3

1952

1850

February 6, 1873

021 ~~of~~ out of

C. Spring

1. 48c

Colonel

G. Gains

0 Case number

Orlando.

J. A. Bull

12456 4th Street St.

Call Duke

RETURN OF A BIRTH. 10-1886 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, 25 Feb.
 4. Place of Birth, (Street and Number) South Street 1141
 5. Full Name of Mother, J. Edgar S. Lorington
 6. Mother's Maiden Name, Holloway
 7. Mother's Birthplace, Richmond Va
 8. Full Name of Father, John C. Lorington
 9. Father's Occupation, Secretarial & Sales
 10. Father's Birthplace, Saratoga N.Y.
- Name of Medical Attendant, or other person who makes this Return, Dr. J. J. Lorington
- Address, South Broadway 5-331
- Remarks, Strong healthy child

116587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) - Female

2. Race or Color, (if not of the white race).....White

3. Date of Birth, Feb 24th 193

4. Place of Birth, (Street and Number) 817 S. Green St

5. Full Name of Mother, *Salina Mueller*

6. Mother's Maiden Name, *Salina Westerman*

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Mueller

9. Father's Occupation, *Cooker*

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Abrilla Brooks

Address, 1132 Warner St

Remarks, Doing Well

any person who fails to report the birth of a child to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time prescribed by law, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 22 February
4. Place of Birth, (Street and Number) Hick at 1407.
5. Full Name of Mother, Alice Milton
6. Mother's Maiden Name, Alice Mann
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, William D. Milton
9. Father's Occupation, B. C. Railroad
10. Father's Birthplace, Baltimore City Md
- Name of Medical Attendant, or other person who makes this Return, Cornelia Mann
- Address, 1407 Hick at
- Remarks,

RETURN OF A BIRTH. 106889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16th February 1893

4. Place of Birth, (Street and Number) 1002 E. Fayette St.

5. Full Name of Mother, Etta Shorman

6. Mother's Maiden Name, O'By

7. Mother's Birthplace, Russia

8. Full Name of Father, Simon Shorman

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Scheraga

Address, 42 E. St. Mark's St.

Remarks,

RETURN OF A BIRTH. A L00890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth,.....18 February 1893

4. Place of Birth, (Street and Number)..... 257 N. Everett St

5. Full Name of Mother, Lena Leake

6. *Mother's Maiden Name,* ----- *Chiles*

7. Mother's Birthplace, Prussia

8. Full Name of Father, Heinrich Lieber

9. *Father's Occupation*..... *Teacher*

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who
E. J. ...

Address 77 Clarendon St. - Boston

Remarks

Health Officer, Baltimore City, a list of the births which have occurred within the month, and shall be delivered, daily signed by the practitioner in the form of a certificate, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 29/94

4. Place of Birth, (Street and Number) 227 S. Carolina St.

5. Full Name of Mother, Mary Harer

6. Mother's Maiden Name, Reges

7. Mother's Birthplace, Balto.

8. Full Name of Father, Louis Harer

9. Father's Occupation, Fireman

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Linderfer

Address, 2225 Gough St.

Remarks, _____

RETURN OF A BIRTH. L06892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... Sept. 19, 1895
4. Place of Birth, (Street and Number)..... 216 Almont St
5. Full Name of Mother,..... Mary H. McCardell
6. Mother's Maiden Name,..... Brown
7. Mother's Birthplace,..... Balpa
8. Full Name of Father,..... William E. McCardell
9. Father's Occupation,..... Carpenter
10. Father's Birthplace,..... Balpa Co
Name of Medical Attendant, or other person who makes this Return..... Frank Coughlin M.D.
Address,..... 1051 Almont St
Remarks,.....

Register of each birth, and shall enter the same on blank schedule to be furnished by the Registrar, which shall contain a list of the births which have occurred under his or her care during the month, and shall be filled out by the Registrar, or by the physician, or by the midwife, or by the mother, or by the father, or by the person who makes the return, and shall be signed by the Registrar, or by the physician, or by the midwife, or by the mother, or by the father, or by the person who makes the return, and shall be filed in the office of the Registrar, and shall be preserved for a period of three years, and shall be subject to the inspection of the Board of Health, and shall be subject to the inspection of the public, and shall be subject to the inspection of the courts, and shall be subject to the inspection of the Legislature, and shall be subject to the inspection of the people, and shall be subject to the inspection of the world.

RETURN OF A BIRTH. 100893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 9, 1895
4. Place of Birth, (Street and Number) 1327 Homewood Ave
5. Full Name of Mother, Ann O'Brien
6. Mother's Maiden Name, McCormick
7. Mother's Birthplace, England
8. Full Name of Father, Michael J. O'Brien
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Virginia
- Name of Medical Attendant, or other person who makes this Return, Dr. Brant Brack
- Address, 1057 Annapolis
- Remarks, _____

RETURN OF A BIRTH. 190894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female).*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

Health. This schedule shall contain a list of the births, who have occurred within the city during the month, and shall set forth as far as the same can be ascertained, the full name of each child, its sex, shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the first day of a month, the practitioner shall deliver the schedule on the first day of the following month. In case the birth of any child shall occur on the last day of a month, the practitioner shall deliver the schedule on the first day of the following month. Any person or persons who shall fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 104895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 28, 1895

4. Place of Birth, (Street and Number)

440 E. Washington St.

5. Full Name of Mother,

Sara Butterill

6. Mother's Maiden Name,

Kalpa

7. Mother's Birthplace,

Baer

8. Full Name of Father,

Francis E. Butterill

9. Father's Occupation,

Butter

10. Father's Birthplace,

Baer

Name of Medical Attendant, or other person who makes this Return,

J. B. Brown

Address,

1057 Annapolis

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her supervision, and shall be delivered to the Registrar of Vital Statistics, Baltimore City, on the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the last day of the month, the birth shall be reported to the Registrar of Vital Statistics, Baltimore City, on the first day of the following month. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

100896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

RETURN OF A BIRTH. 1898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

RETURN OF A BIRTH. L00899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 6

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Colored.

3. *Date of Birth,* April 17.

4. Place of Birth. (Street and Number) 567 Walnut St.

5. Full Name of Mother, Mollie Stewart.

6. Mother's Maiden Name, Mollie Stuart

7. Mother's Birthplace, Maryland

8 Full Name of Father, William Stewart

9. Father's Occupation. Waiter

10. *Father's Birthplace.* P. Buzzell Ind.

Name of Medical Attendant, or other person who makes this Return, M. S.

Address, 520 German St.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 23d April 1894

4. Place of Birth, (Street and Number) 124 E Fort Ave

5. Full Name of Mother, Ann Downey

6. Mother's Maiden Name, Branch

7. Mother's Birthplace, Kent Co Md

8. Full Name of Father, Joseph Downey

9. Father's Occupation, Laborer

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Elizabeth Jennell

Address, 436 E Fort Ave

Remarks,

RETURN, OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

such person who fails to comply with the provisions of this section shall be liable to a fine of not more than \$100 (100) dollars for each offence to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. L00903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child & Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of birth,*

4. *Place of birth, (Street and Number)*.....

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

RETURN OF A BIRTH. 100904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

RETURN OF A BIRTH. L00905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24th Feb 1891

4. Place of Birth, (Street and Number) 213 E. 1st St

5. Full Name of Mother, Lillie Stender

6. Mother's Maiden Name, Stender

7. Mother's Birthplace, Balt

8. Full Name of Father, William R. Stender

9. Father's Occupation, Contractor

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Mrs E. P. Brooke

Address, 1828 Eigh St

Remarks, Young Child

Any person who shall neglect to file this Return, or who shall file a false Return, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

and every month to the Registrar of Vital Statistics, Board of Health, Baltimore City, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 19 1906

4. Place of Birth, (Street and Number) 1733 Williams St

5. Full Name of Mother, Annie R. Madgwick

6. Mother's Maiden Name, Lucy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Andrew J. Madgwick

9. Father's Occupation, Camp Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. C. F. Crookes

Address, 1325 2nd St

Remarks, Born at home

SECTION 7. And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore and under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of said births, and shall submit the same to the Commissioner of Health, on or before the first day of the month following the month in which the birth took place. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any child have been born, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

100907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *23rd Feb 1891*

4. Place of Birth, (Street and Number) *1234 Riverside Ave*

5. Full Name of Mother, *Kattie Greenough*

6. Mother's Maiden Name, *Greenough*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *John J. Greenough*

9. Father's Occupation, *Engineer B. & O. R. R.*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other person who makes this Return, *Wm. D. Brooks*

Address, *1000 2nd St*

Remarks, *Prong Well*

And be it further enacted, and ordained, that every person practicing midwifery, or acting as a nurse, shall keep a true and correct register of such births, and shall enter the same in a book to be kept by him or her, in which shall be entered the full name of each child, of any shall have been conferred his sex, color, the date and place of birth, and the name of the physician or practitioner in the presence of whom the child was born, and the day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or shall be born in a place where no physician or practitioner of midwifery is present, the person who shall be present at the birth, or the person who shall be present at the birth, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L06908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 20 - 1908

4. Place of Birth, (Street and Number) 1101 Madison St

5. Full Name of Mother, Edahia J. Snyder

6. Mother's Maiden Name, " " Mull

7. Mother's Birthplace, Frederick Co.

8. Full Name of Father, Luther W. Snyder

9. Father's Occupation, Wheel Wagon

10. Father's Birthplace, Frederick Co.

Name of Medical Attendant, or other person who makes this Return, Wm. B. K. Bruckner

Address, 1022 East St

Remarks, Healthy

RETURN OF A BIRTH. 100909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*.....
2. *Race or Color, (if not of the white race)*.....
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*.....
5. *Full Name of Mother,*.....
6. *Mother's Maiden Name,*.....
7. *Mother's Birthplace,*.....
8. *Full Name of Father,*.....
9. *Father's Occupation*.....
10. *Father's Birthplace,*.....

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

Notwithstanding any law to the contrary, every person practicing medicine in the City of Baltimore, who is not a duly licensed physician, shall be deemed to be practicing medicine, and shall be liable to the same penalties as are provided for in the City Ordinance relating to the practice of medicine, and shall be liable to the same penalties as are provided for in the City Ordinance relating to the practice of medicine, and shall be liable to the same penalties as are provided for in the City Ordinance relating to the practice of medicine.

RETURN OF A BIRTH. 100910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 25

4. Place of Birth, (Street and Number) 1212 Riverside Ave

5. Full Name of Mother, Elizabeth A. Dugan

6. Mother's Maiden Name, Carter

7. Mother's Birthplace, Balt

8. Full Name of Father, Frank E. Dugan

9. Father's Occupation, Business

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs. E. A. Dugan

Address, 1832 State St

Remarks, None

RETURN OF A BIRTH. 1891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 29th 1895

4. Place of Birth, (Street and Number) 318 S. Gilman St

5. Full Name of Mother, Florence M. Conner

6. *Mother's Maiden Name,* *Venice*

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. E. M. C. C. C.

9. Father's Occupation..... *Machinist*

10. *Father's Birthplace.* *Baltimore*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

Baltimore under whose charge or supervision a birth shall occur, for the purpose of ascertaining the date and place of birth, and shall enter the same on the black schedule, to be furnished by the Registrar of Vital Statistics, and shall also enter the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the medical attendant upon the mother, immediately thereafter it shall become the duty of the Registrar of Vital Statistics to report its birth to the Commissioner of Health, in the manner and within the period above provided, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept 26th 1895

4. Place of Birth, (Street and Number) 422 Forrest st.

5. Full Name of Mother, Pauline Ales

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Europe

8. Full Name of Father, Samuel Ales

9. Father's Occupation, Merchant

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Eyster st.

Remarks, _____

Section 7. And be it further enacted, That every person practicing midwifery in the City of Baltimore under whose charge, control and direction, any child is born, shall keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished by the Registrar of Births, and shall set forth as follows: the name of the mother, the name of the child, the date of birth, the sex, color, the full name and occupation of its father, the date of the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the person attending the birth shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. GIVEN NAME ADDED 2-17-59 100913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Graham
No. of Child (if Mother, (state whether 1st, 2d, 3d, &c.) 9th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 26th 1895
4. Place of Birth, (Street and Number) 706 Dolphin St
5. Full Name of Mother, Sarah Jane Graham
6. Mother's Maiden Name, " " Mairs
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Graham
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Jas E. Gibbons M.D.
Address, 1102 W. Lafayette Ave
Remarks,

RETURN OF A BIRTH 100914 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (State whether male or female)

Female

2. Race or color, (~~if not~~ of the white race)

3. Date of Birth,

Sept 20 - 1895

4. Place of Birth, (Street and Number)

809 W. Fayette St

5. Full Name of Mother,

Mrs Anna May Sauner

6. Mother's Maiden Name,

" " Robinson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Sauner

9. Father's Occupation,

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

C. C. McDowell M.D.

Address,

1521 W. Fayette St

Remarks,

(Crowlooked this last month)

And he is further advised that if he fails to comply with the provisions of this section, he shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Section 717. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of such births, and shall enter the same on this schedule, which shall be kept in the office of the Health Officer, and shall be subject to the inspection of the Health Officer at any time. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of such births, and shall enter the same on this schedule, which shall be kept in the office of the Health Officer, and shall be subject to the inspection of the Health Officer at any time.

RETURN OF A BIRTH. 100915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 19th 1895

4. Place of Birth, (Street and Number) 629 N. Schroeder St

5. Full Name of Mother, Kate Oster Falt

6. Mother's Maiden Name, Fulton

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Leo Falt

9. Father's Occupation, Church Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jas. E. Phillips M.D.

Address, 1102 W. Lafayette Ave

Remarks, _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

True Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

100918

GIVEN NAME ADDED ⁵⁻³⁻⁶⁶

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NAME: CHARLES WARREN ANDREWS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 27 1895

4. Place of Birth (Street and Number)

2202 E Biddle St

5. Full Name of Mother

Ida Andrews

6. Mother's Maiden Name

Ida Smith

7. Mother's Birthplace

Alexandria, Va

8. Full Name of Father

Chas Andrews

9. Father's Occupation

Grocer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Chas B. Ryan M.D.

Address

920 W Broadway

Remarks

SECTION 7. — And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. This schedule shall contain a list of the names of the persons practicing midwifery in the City of Baltimore, and shall be set forth as far as the same can be ascertained the full name, date and place of birth, and the date of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall be subject to the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 29th 1895*

4. Place of Birth, (Street and Number) *609 Sterling St*

5. Full Name of Mother, *Annie Gail*

6. Mother's Maiden Name, *Annie Dressel*

7. Mother's Birthplace, *Baltimore Ind*

8. Full Name of Father, *William Gail*

9. Father's Occupation, *Stove & Steam Fitter &c &c*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *W. J. Corne M.D.*

Address, *Jardenville*

Remarks, *Balta Co*

SECTION 7. And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a member of the Board of Health, shall keep a true and correct register of all births occurring in the City, and shall file the same with the Board of Health, on or before the first day of each month, and shall set forth as far as the same can be ascertained, the full name of each child, of any shall have been born, the date of birth, the time and place of birth, the name of the mother, the name of the father, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

100918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Sept 25 1895*
4. Place of Birth, (Street and Number) *1845 Ramsey St.*
5. Full Name of Mother, *Mrs. Grace*
6. Mother's Maiden Name, *Piper*
7. Mother's Birthplace, *MD*
8. Full Name of Father, *Mr. Grace*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *MD*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

M. H. Eaton M.D.
1800 W. Baltimore St.

Section 7. And he it further enacted and ordained, that every person practicing midwifery, or acting as a nurse, shall keep a true and correct register of such births, and shall cause the same to be entered in the office of the Registrar of Births, and shall keep a true and correct register of such deaths, and shall cause the same to be entered in the office of the Registrar of Deaths. This schedule shall contain a list of the births, which have occurred under his or her control, and shall be kept for the purpose of ascertaining the full name of each child, if any shall have been born, the date and place of birth, and the name of the mother, and the name of the father, and the name of the physician or practitioner in the form of a certificate, and shall be delivered to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner, or should, on other part, a be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons attending the birth, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any failure to do so shall be deemed an offence, and the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 30 September

4. Place of Birth, (Street and Number) Bretford Avenue 618

5. Full Name of Mother, Josephine Sebek

6. Mother's Maiden Name, Bohmen

7. Mother's Birthplace, Bohmen

8. Full Name of Father, Wenzel Slav Major

9. Father's Occupation, Workman

10. Father's Birthplace, Bohmen

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, S. Bond St. 838

Remarks, _____

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall be charged with the attendance of a woman in the delivery of a child, shall, before the birth of such child, file with the Registrar of Births a list of the births which shall be so attended, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, its sex, its race or color, its date and place of birth, and the name and occupation of its parents, the date and place of birth of the mother, and the date and place of birth of the father, and shall also set forth the name and occupation of the physician or practitioner of midwifery or other person who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Sept 30th 1895*
4. Place of Birth, (Street and Number) *2105 Vine St*
5. Full Name of Mother, *Anna Mallonee*
6. Mother's Maiden Name, *nd*
7. Mother's Birthplace, *nd*
8. Full Name of Father, *Mr Mallonee*
9. Father's Occupation, *Plumber*
10. Father's Birthplace, *nd*

Name of Medical Attendant, or other person who makes this Return, *W. H. Carter M.D.*

Address, *800 W. Baltimore St.*

Remarks, _____

SECTION 7. And be it further enacted and ordained, that every person practicing midwifery in this City of Baltimore, shall hereafter take possession of a true and correct register of such births, and shall enter therein, as soon as the birth of a child shall be ascertained, the full name of each child, if any shall have been born, the date and place of birth, and the name and occupation of its parents, the name and occupation of the midwife, or other person who attended the birth, and the date of such birth, and shall deliver the same to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27 September

4. Place of Birth, (Street and Number) S. Bond St 624

5. Full Name of Mother, Mary A. Apala

6. Mother's Maiden Name, Sobrianna

7. Mother's Birthplace, Pole

8. Full Name of Father, John Apala

9. Father's Occupation, Workman

10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, S. Bond St. 838

Remarks, _____

Section 10. And be it further enacted, that any person who shall deliver a child in the City of Baltimore, under whose charge or some attendance a birth shall hereafter take place, shall be liable to the City of Baltimore, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 10 1895

4. Place of Birth, (Street and Number) 210 Williams St

5. Full Name of Mother, Mary P. Hogan

6. Mother's Maiden Name, Michael

7. Mother's Birthplace, Ireland

8. Full Name of Father, Thomas P. Hogan

9. Father's Occupation, Breaker B&O

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. C. P. Brooks

Address, 1822 24th St

Remarks, Acute M. S.

And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under and in conformity with the provisions of the Act in that behalf made shall keep a true and correct register of such births and shall enter the same on the schedule provided for that purpose by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month in which they occur, and shall be signed by him or her at the end of each month. If any such person shall be convicted of failing to comply with the provisions of this section, he or she shall be liable to a fine of not less than five dollars nor more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 1900

4. Place of Birth, (Street and Number) 123 Charles St.

5. Full Name of Mother, Mrs. E. Smith

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michael Smith

9. Father's Occupation, Carriage Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. E. A. Smith

Address, 123 Charles St.

Remarks, Strong & healthy

GIVEN NAME ADDED 12-28-99

RETURN OF A BIRTH. 100924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Levi Herman Bowen
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 27th 1895
4. Place of Birth, (Street and Number) S. E. Cor. Forest Place & Chas St.
5. Full Name of Mother, Juliet Juliet Bowen
6. Mother's Maiden Name, Juliet Hewell
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Albert Alfred M. Bowen
9. Father's Occupation, Grocer
10. Father's Birthplace, Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return, Wilmer Brantow, M.D.
Address, S. W. Cor. Calvert & Preston Sts.
Remarks, _____

SECTION 10. And be it further enacted and ordained that every person practicing midwifery in the City of
Health. This schedule shall contain a list of the births which have occurred under his or her commandment
been conferred its seal and color, the full name of each child, its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health, on the
third day of each and every month to the office of the Commissioner of Health.

100925

[illegible]

Wm. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-15-56

Name: Thomas Mills Sminder

1. Sex, (state whether male or female)..... Boy

2. Race or Color, (if not of the white race).....white

3. *Date of Birth*,.....Sept. 7th 1891-

4. *Place of Birth, (Street and Number)*..... 1111 Barclay St.

5. Full Name of Mother,..... Lillian F. Mills Emmer

6. *Mother's Maiden Name,*----- *Lillian V. Mills*

7. Mother's Birthplace,..... Balt. Md.

8. Full Name of Father, Albert S. Gundersen

9. Father's Occupation..... *School Teacher*

10. *Father's Birthplace,* Balt. Md

Name of Medical Attendant, or other person who makes this Return, Wilmer Benton, M.D.

Address, S. W. Co. Calvert - Anneton Dto

Remarks.

100927

RETURN OF A BIRTH. 100927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 14th, 1895,

4. Place of Birth, (Street and Number) 2056 Druid Hill Ave

5. Full Name of Mother, Lillian J. Rener

6. Mother's Maiden Name, Lillian J. Sweeney,

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, John J. Rener

9. Father's Occupation, Grocer Merchant

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, William Brinton M.D.

Address, S. W. Cor. Calvert & Preston Sts,

Remarks,

This certificate and the schedule attached and contained therein shall be kept in the office of the Registrar of Births and Deaths, and shall be subject to the inspection of the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his jurisdiction, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date and place of birth, the name of the mother, the name of the father, the sex, the race or color, the date of birth, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in case of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 100928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race) B

3. Date of Birth, 9-20-95

4. Place of Birth, (Street and Number) Bradley St.

5. Full Name of Mother, Eliza Merritt.

6. Mother's Maiden Name, "

7. Mother's Birthplace, Ut

8. Full Name of Father, Unknown

9. Father's Occupation, c

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Edw. J. J. J.

Address,

Remarks,

Section 2. - Let it be further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license shall be required to file with the Registrar of Births, a list of the births which have occurred under his or her care during the month of each month, in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, of should no other person be in attendance upon the mother, immediately thereafter the person so attending shall be required to report the birth to the Registrar of Births, in the manner and within the period above required, and each person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 12 Sept.

4. Place of Birth, (Street and Number) 1106 Barclay St.

5. Full Name of Mother, Hanna Bally

6. Mother's Maiden Name, Walsh

7. Mother's Birthplace, Ireland

8. Full Name of Father, Michael Bally

9. Father's Occupation, coach

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Oak St.

Remarks, _____

GIVEN NAME ADDED 7-25-55
RETURN OF A BIRTH. 100930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William John Darrough

No. of Child of Mother, (State whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... Male.
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... September 29 1895.
4. Place of Birth, (Street and Number)..... 74 1828 Hartford Ave.
5. Full Name of Mother,..... Elizabeth Darragh.
6. Mother's Maiden Name,..... E. B. O'Leary, P. O. Off.
7. Mother's Birthplace,..... Ireland
8. Full Name of Father,..... James J. Darragh.
9. Father's Occupation..... Laborer.
10. Father's Birthplace,..... Massachusetts

Name of Medical Attendant, or other person who makes this Return, Ben H. Jewell

Address..... 1441 Highland ave.

Remarks,

Section 2. - Any person who shall neglect or refuse to register the birth of a child, or who shall neglect or refuse to furnish the information required by this section, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 22 September

4. Place of Birth, (Street and Number) 1421 Holbrook St.

5. Full Name of Mother, Anna Petersen

6. Mother's Maiden Name, Kirchner

7. Mother's Birthplace, Germany

8. Full Name of Father, Alfred Petersen

9. Father's Occupation, 22 September

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Anna Petersen

Address, 928 N. Central St.

Remarks, _____

SECTION 7.—And he is further enacted and ordained that every person practicing medicine in this city or county of much health and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of the child, the date and place of birth, and the sex, color, the name of the mother, the name of the father, the name of the physician or practitioner, and the name of the medical attendant. And every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons attending the child to report its birth to the Commissioner of Health, in the manner and to the office of the Commissioner of Health, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 24 Sept

4. Place of Birth, (Street and Number) 1518 The Obrecht St

5. Full Name of Mother, Maggie Heilchenstein

6. Mother's Maiden Name, Schilling

7. Mother's Birthplace, Balt.

8. Full Name of Father, John Heilchenstein

9. Father's Occupation, "

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. East Avenue

Remarks, _____

SECTION 7. And be it further enacted and ordained that every person attending a birth shall, before the birth, keep a true and correct record of the birth, and shall, within a reasonable time after the birth, file the same in the office of the Registrar of Vital Statistics, Baltimore City. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, its date of birth, its place of birth, its race or color, the name of the mother, the name of the father, the name of the medical attendant, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 27th Sept

4. Place of Birth, (Street and Number) 511 E. Madison St

5. Full Name of Mother, Mary A. Danett

6. Mother's Maiden Name, Gerene

7. Mother's Birthplace, Ireland

8. Full Name of Father, Larry Danett

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groom

Address, 944 N Bay St

Remarks, _____

Health, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance, the person or persons who shall have attended the birth of such child shall report the same to the Commissioner of Health, in the form of a certificate, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 28th Sept
4. Place of Birth, (Street and Number) 1020 N. Luzern st
5. Full Name of Mother, Mary Hartel
6. Mother's Maiden Name, " Heil
7. Mother's Birthplace, Balto
8. Full Name of Father, Peter Hartel
9. Father's Occupation, Brick maker
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, Max Julia Groome
- Address, 944 N. Gay st
- Remarks, _____

Section 7.—And he is further enacted and ordained that every person practicing as a midwife or as a nurse in Baltimore under whose charge or superintendence a birth shall be taken, shall keep a true and correct register of such birth, and shall enter the name of the child, its sex, color, date of birth, and the name of the mother, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth of the mother, and the date and place of birth of the child, and shall also enter the name of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27 Sept 1895

4. Place of Birth, (Street and Number) 215 N. Charles St.

5. Full Name of Mother, John W. Brandt

6. Mother's Maiden Name, Balt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John W. Brandt

9. Father's Occupation, Druggist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. C. Brandt

Address, 1502 Light St.

Remarks, Living well

Section 10.—A fee of five dollars for each and every child that is born in the State of Baltimore under whose change or nonattendance a birth certificate is placed, shall be paid to the register of the city and county of Baltimore, and shall be paid by the parent or guardian of the child. The fee shall be paid at the time the birth certificate is placed, and shall be paid in advance of the time the birth certificate is placed. The fee shall be paid in advance of the time the birth certificate is placed, and shall be paid in advance of the time the birth certificate is placed.

RETURN OF A BIRTH. L66936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *21 Sept 1893*
4. Place of Birth, (Street and Number) *100 1/2 Spr. Hill St*
5. Full Name of Mother, *Emma O. Pirley*
6. Mother's Maiden Name, *Munderwood*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Samuel D. Pirley*
9. Father's Occupation, *Capt. in the Army*
10. Father's Birthplace, *Richmond, Va.*
- Name of Medical Attendant, or other person who makes this Return, *Dr. J. K. Beardslee*
- Address, *1228 1/2 Spr. Hill St*
- Remarks, *Home*

SECTION 7. And he is further enacted and ordained, that every person who is a practitioner of medicine or surgery, or who is a midwife, or who is a person who is engaged in the practice of medicine or surgery, or who is a person who is engaged in the practice of midwifery, shall be and he is further enacted and ordained, that every person who is a practitioner of medicine or surgery, or who is a midwife, or who is a person who is engaged in the practice of medicine or surgery, or who is a person who is engaged in the practice of midwifery, shall be and he is further enacted and ordained, that every person who is a practitioner of medicine or surgery, or who is a midwife, or who is a person who is engaged in the practice of medicine or surgery, or who is a person who is engaged in the practice of midwifery, shall be

RETURN OF A BIRTH. 100937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

6. 33

And he is further enacted and ordained that every person who shall deliver a child, or who shall be present at the delivery of a child, shall be bound to cause a birth record to be made of such birth, and shall enter the same in the blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled out by the person who has the charge of the child, or by the person who has been conferred with the duty of making the record, and shall be signed by the practitioner of the said schedule, and shall be delivered to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, then the person who has the charge of the child, or the person who has been conferred with the duty of making the record, shall be bound to cause a birth record to be made of such birth, and shall enter the same in the blank schedule, to be furnished by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 100938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 10 1895*

4. Place of Birth, (Street and Number) *808 Monmouth Ave*

5. Full Name of Mother, *Susan Rebecca*

6. Mother's Maiden Name, *Slade*

7. Mother's Birthplace, *N. S. A.*

8. Full Name of Father, *Mr Thomas Mathews*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *N. S. A.*

Name of Medical Attendant, or other person who makes this Return, *E. Williams M.D.*

Address, *1114 Chesapeake St*

Remarks, _____

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks.

1114 Chesapeake St

RETURN OF A BIRTH. **L00940**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

Scott

1. *Sex.* (state whether male or female).

Mr. Allen

2. Race or Color, (if not of the white race)

white

3. *Date of Birth.*

21 Sep 1898

4. *Place of Birth, (Street and Number).*

p2819. 5 Donnell

5. *Full Name of Mother,*

Seoul

6. *Mother's Maiden Name,*

Southern

7. *Mother's Birthplace.*

Godman

8. *Full Name of Father.*

1 Edward Tiffin Green

9. Father's Occupation

142 Kauf

10. *Father's Birthplace,*

Lehrmann

Name of Medical Attendant, or other person who makes this Return.

Edw. Williams

Address.

Remarks,

Section 2.—And he it further enacted and ordained that every person practicing medicine in this State shall be licensed by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be delivered to the Commissioner of Health, on or before the first day of the month following the month in which the births occurred. The schedule shall be filled out by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child

L00942

any person who is further assessed or charged with a crime, shall be liable to the Registrar of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as follows the true and correct full name of each child, any shall the name conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and last day of each and every month to a physician or practitioner of midwifery, or should no person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars; if each offense, to be recovered as other fines and forfeitures are recoverable.

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Wm : C. Dulany Co., City Printers and Stationers.

100943

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall enter the name of the child, the name of the mother, the name of the father, the date of birth, the sex, the race or color, the place of birth, the full name of the mother, the mother's maiden name, the mother's birthplace, the full name of the father, the father's occupation, the father's birthplace, the name of the medical attendant, and the address of the medical attendant. This schedule shall be delivered to the Office of the Registrar of Vital Statistics, Board of Health, within ten days of the birth of the child. If the mother or father fails to deliver this schedule, they shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb + 26, 1895

4. Place of Birth, (Street and Number) 911 Marden Chase Lane

5. Full Name of Mother, Ella Virginia Foy

6. Mother's Maiden Name, Ella Virginia Monk

7. Mother's Birthplace, Bethesda Maryland

8. Full Name of Father, Frank Thomas Foy

9. Father's Occupation, Telegraph Operator

10. Father's Birthplace, Harford Co.

Name of Medical Attendant, or other person who makes this Return, Frederick W. Augusta MD

Address, Frederick W. Augusta MD

Remarks, _____

Section 100 of the Baltimore City Charter requires a birth certificate to be filed with the Registrar of Health. This certificate shall contain a list of the child's name, sex, color, date and place of birth, and the names of the mother and father, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Health. Any person who shall fail to report the birth of a child to the Registrar of Health, or who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L00944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race) W

3. Date of Birth, 9-31-95

4. Place of Birth, (Street and Number) 1616 Woefer St.

5. Full Name of Mother, Lizzie Philips

6. Mother's Maiden Name, Lizzie Rodgers

7. Mother's Birthplace, Germany

8. Full Name of Father, R Philips

9. Father's Occupation, Reader

10. Father's Birthplace, Germany

Name of Medical Attendant, Edwin Geer

Address, _____

Remarks, _____

RETURN OF A BIRTH. **L00945**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 12, 1895-

3. Date of Birth, Sept 12, 1895
4. Place of Birth, (Street and Number) 1116 Brighton Rd.

5. Full Name of Mother, Rachel Wilson

6. *Mother's Maiden Name,*

7. Mother's Birthplace, *Mad*

7. Mother's Birthplace, Ind.
8. Full Name of Father, Frank Wilson

9. Father's Occupation, *Labourer*

10. *Father's Birthplace,* *Md.*

Name of Medical Attendant, or other person who makes this Return,

Name of Medical Attendant, *James L. Smith, M.D.*, makes this Return,
Address, *Maternity Hospital, Med. College*

Remarks, 410 N. Hoffman St.

L00946

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Race or Color, (if not of the white race)

3. Date of Birth, 9-13-95 245 Rogers Ave

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother, Becky Cash

6. Mother's Maiden Name, Becky Allen

7. Mother's Birthplace, Germany

8. Full Name of Father, *Wm. Jackson*

9. Father's Occupation, Teacher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. -

Address,

Remarks,

L00947

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Practitioner whose office or residence is in the city of Baltimore, and who is duly licensed by the Board of Health, shall, upon the birth of a child, enter the same in blank schedule, to be furnished by the Commissioner of Health, and shall, within the same time, deliver to the Commissioner of Health, a copy of the said schedule, containing a list of the births which have occurred under his or her care during the month of each and every month to the office of the Commissioner of Health. In case the birth of any child is not reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male - William Price Shandleffer

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28/1/01.

4. Place of Birth, (Street and Number) 226, St. Paulus Ave.

5. Full Name of Mother, Clara Shandleffer

6. Mother's Maiden Name, Bishop

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. P. Shandleffer

9. Father's Occupation, Market Dealer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W. B. Perry M.D.

Address,

Remarks,

Full name of child added by mother upon applying for a Transcript.
Clara Shandleffer Mother J. E. Mann - May - Apr 11-1904.

Wm. J. C. Dulany Co., City Printers and Stationers.

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible]

GIVEN NAME ADDED 7-31-58
RETURN OF A BIRTH L00949

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Lydia Bowers

No. of Child of Mother, (State whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *7/4/95*
4. Place of Birth, (Street and Number) *1310 Ticeman St*
5. Full Name of Mother, *Maria Bowers*
6. Mother's Maiden Name, *Conelious*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Harry W. Bowers*
9. Father's Occupation, *Contractor*
10. Father's Birthplace, *Carroll Co. Md.*

Name of Medical Attendant, or other person who makes this Return, N. B. P.

Address.

Remarks

RETURN OF A BIRTH. **L00950**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) White

3. *Date of Birth.* 2/7, 1961

4. Place of Birth, (Street and Number) 2311 228th Street Astoria

5. Full Name of Mother, Louise A. Coates

6. *Mother's Maiden Name,* _____ " *Placid*

7. *Mother's Birthplace.* *Balto*

8. Full Name of Father, George T. Houghton

9. *Father's Occupation*..... *Butcher*

10. *Father's Birthplace,* 43 acts

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person who is present at the birth of a child, and who is not a medical attendant, shall, within the time specified in this section, file a statement of the birth of such child with the Registrar of Vital Statistics, Board of Health, Baltimore City. The statement shall contain the following information: (1) The date, hour and place of birth; (2) the sex, race and color of the child; (3) the name of the child; (4) the name of the mother; (5) the name of the father; (6) the occupation of the father; (7) the birthplace of the mother and father; (8) the name of the medical attendant; (9) the name of the person who makes the return; (10) the address of the person who makes the return. The statement shall be signed by the person who makes the return, and shall be subject to the penalty of a fine of not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L00951**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 7-26-95.

4. Place of Birth, (Street and Number) 438 Stanford av..

5. Full Name of Mother, Mary E. McNeely.

6. Mother's Maiden Name, McKenna.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Bryon McNeely.

9. Father's Occupation, Cooper.

10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return, W B Reilly M.D.

Address, 2008 E. Chase St.

Remarks,

[illegible]

RETURN OF A BIRTH. **L00952**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 22, 1895

4. Place of Birth, (Street and Number) Whitcomb St 1307

5. Full Name of Mother, Mary E. Jackson

6. Mother's Maiden Name, Mary E. Hall

7. Mother's Birthplace, Baltimore Co. Md.

8. Full Name of Father, Samuel Jackson

9. Father's Occupation, Quartermaster

10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return, Harry Jones

Address, 1337 Whitcomb St

Remarks,

Section 7. And as it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, its sex, race, color, date of birth, place of birth, full name of mother, mother's maiden name, mother's birthplace, full name of father, father's occupation, father's birthplace, name of medical attendant, or other person who makes this return, address, and remarks, and shall deliver the same to the Registrar of Vital Statistics, Board of Health, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, Board of Health, and the person or persons so failing to do so shall be liable to the penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 10 - 95

4. Place of Birth, (Street and Number)

510 Mount Pleasant St.

5. Full Name of Mother,

Mrs. Bida B. Schaffer

6. Mother's Maiden Name,

"

"

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Heinrich Schaffer

9. Father's Occupation,

R. R. Engineer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

E. B. Smith

Address,

Union Square

Remarks,

Baltimore, under whose charge or superintendence, which shall be made by the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been born, the date and place of birth, and the name of the mother, and the name of the father, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, and to sign and file the same, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carl Fredericks-Mueller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Aug 3rd 1885*
 4. Place of Birth, (Street and Number) *2007 E. Hoffman St.*
 5. Full Name of Mother, *Clara C. Mueller*
 6. Mother's Maiden Name, *Houser*
 7. Mother's Birthplace, *Balta Co. Md*
 8. Full Name of Father, *C. Julius Mueller*
 9. Father's Occupation, *Taylor on the ocean - American Water*
 10. Father's Birthplace, *on the ocean - American Water*
- Name of Medical Attendant, or other person who makes this Return, *M. B. Billingsley*
- Address, *1206 E. Boston St*
- Remarks, *Given name added 4-8-53*

Any person who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

L00955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other person who makes this Return,.....

Address,.....

Remarks,.....

RETURN OF A BIRTH. **L00956**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. *Race or Color, (if not of the white race)*—

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name*7. *Mother's Birthplace,*—

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

Any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 11 Sept. 895
 4. Place of Birth, (Street and Number) 14 Graft St
 5. Full Name of Mother, Phaenicia Everspoon
 6. Mother's Maiden Name, Gareshefsky
 7. Mother's Birthplace, Russia
 8. Full Name of Father, Raphael Everspoon
 9. Father's Occupation, Minister
 10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, E. Sherman
- Address, 72 Alameda St
- Remarks, _____

RETURN OF A BIRTH. **L00958**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) — Irish

3. *Date of Birth,* ----- 9 Sept 1893 -----

4. *Place of Birth, (Street and Number)*..... 301 East 14th

5. Full Name of Mother, *Bessie Chetelsky*

6. Mother's Maiden Name, Leimah

7. Mother's Birthplace,..... *Russia*

8. Full Name of Father, Max Chetkovsky

9. Father's Occupation..... Tailor

10. *Father's Birthplace,* _____ *Prussia*

Name of Medical Attendant, or other person who makes this Return, Wm. J. Sherman

Address, 42 Altemark Pl.

Remarks,

100959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..

2. Race or Color, (if not of the white race)

3. *Date of Birth,*...

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks

John Murphy & Co., City Printers and Stationers.

Wm. J. C. Dulany Co., City Printers and Stationers

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the name of its mother, and shall also indicate the date of birth, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, SEP 23rd - 95
4. Place of Birth, (Street and Number) #13 Valley St Annet
5. Full Name of Mother, Stella B. Burrier
6. Mother's Maiden Name, Cross
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Clarence G. Burrier
9. Father's Occupation, Harness Maker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, D. G. Rankin M.D.
- Address, 511 Jefferson Ave Waverly
- Remarks, _____

Every person who shall keep a true and correct record of such births and shall give notice thereof to the Registrar of Births, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

L00961

GIVEN NAME ADDED 10-5-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rose Shine

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 26 Sept 1895
 4. Place of Birth, (Street and Number) 62 S. Charles St.
 5. Full Name of Mother, Elizabeth Thirie
 6. Mother's Maiden Name, Harris
 7. Mother's Birthplace, Russia
 8. Full Name of Father, George Harris
 9. Father's Occupation, Firekeeper
 10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, E. Sherman
- Address, 172 Allen Ave. N.Y.
- Remarks,

Any person who, during the same calendar year, shall neglect to take and cause to be registered, in the manner provided by law, the birth of any child, or shall neglect to take and cause to be registered, in the manner provided by law, the death of any person, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male & Female Twins
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 Feb 1893
4. Place of Birth, (Street and Number) 222 Harrison St.
5. Full Name of Mother, Belia Jacobs
6. Mother's Maiden Name, Charles
7. Mother's Birthplace, Russia
8. Full Name of Father, Arnos Jacobs
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, E. Sherman
- Address, 422 Atlantic St.
- Remarks, _____

RETURN OF A BIRTH. **L00963**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female).. *Females*

2. Race or Color, (if not of the white race) — White

3. Date of Birth, 21 Sept 1834

4. *Place of Birth, (Street and Number)*.....

5. Full Name of Mother, *Doyle Brown*

6. Mother's Maiden Name, Samuels

7. Mother's Birthplace,..... Russia

8. Full Name of Father, Max Johnson

8. Full Name of Father, _____
9. Father's Occupation _____ *Business - me*

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. L. Sherman

Name of insured, Richard, makes this Return.

Address, Realmark St

Address, _____

Remarks _____

Remarks,

Baltimore under whose charge the child is born, shall be required to file a return of the birth of such child, and to register of such birth, and shall enter the same on black schedule, to be provided by the Health Department, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate to the Health Department, and shall occur within the third day of each and every month to the office of the Health Department, and shall be subject to the inspection of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 19 Sept 1895
 4. Place of Birth, (Street and Number) 601 E. Lombard St
 5. Full Name of Mother, Mary Dilling
 6. Mother's Maiden Name, Wright
 7. Mother's Birthplace, Baltimore, Md
 8. Full Name of Father, Charles Dilling
 9. Father's Occupation, Librarian
 10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, E. Hermann
- Address, 72 Alameda St
- Remarks, _____

Not to be filled out by the Registrar, but by the physician or midwife attending the birth, or by the mother, if she can write, or by some other person who can write, and who is present at the birth. The Registrar shall not receive or file any certificate of birth unless it is filled out in this manner. The Registrar shall not receive or file any certificate of birth unless it is filled out in this manner. The Registrar shall not receive or file any certificate of birth unless it is filled out in this manner.

RETURN OF A BIRTH. L00965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 Feb 1895

4. Place of Birth, (Street and Number) 1117 Orleans St.

5. Full Name of Mother, Rosa Kransberg

6. Mother's Maiden Name, Janet

7. Mother's Birthplace, Russia

8. Full Name of Father, Sam Kransberg

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 420 W. 1st St.

Remarks,

midwife or other person whose charge or supervision is required, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any child born within the month, and shall be delivered to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *12 Sept 1895*
 4. Place of Birth, (Street and Number) *112 B. Howard St.*
 5. Full Name of Mother, *Sarah Santzman*
 6. Mother's Maiden Name, *Mosnick*
 7. Mother's Birthplace, *Russia*
 8. Full Name of Father, *Isaac Santzman*
 9. Father's Occupation, *Cigar-maker*
 10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other person who makes this Return, *J. Schuman*
- Address, *112 B. Howard St.*
- Remarks, _____

RETURN OF A BIRTH. L00967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ✓

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *5 Sept 1895*
4. Place of Birth, (Street and Number) *513 1/2 Ave. H. P.*
5. Full Name of Mother, *Rebecca Feldman*
6. Mother's Maiden Name, *Heiman*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Israel Feldman*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Russia*
Name of Medical Attendant, or other person who makes this Return, *E. Sherman*
Address, *42 Albemarle St*
Remarks,

RETURN OF A BIRTH. L00968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female). *Female*

2. Race or Color, (if not of the white race) — White

3. Date of Birth, 5 Sept 1895

4. Place of Birth, (Street and Number) 1627 Eastern Ave

5. Full Name of Mother, Lita Goldberg

6. Mother's Maiden Name, Magidman

7. Mother's Birthplace, Russia

8. Full Name of Father, Isaiah Goldberg

9. Father's Occupation..... Ligar maker

10. *Father's Birthplace,* *Russia*

Name of Medical Attendant, or other person who makes this Return, John G. L. C. 1922

Address, 2200 West 12th Avenue

Address, _____

Remarks, _____

RETURN OF A BIRTH. **L00969**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) — *White*

3. Date of Birth, 7 Sept 1895

4. *Place of Birth, (Street and Number).* 130 N. Fayette St

5. Full Name of Mother, Rachel Jacobs

6. Mother's Maiden Name, Green

7. Mother's Birthplace.....Germany

8. Full Name of Father, LeBron, Jacob

9. *Father's Occupation*..... *Factor*

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Nov E. Hemmick

Address,

Remarks,

RETURN OF A BIRTH **L00970**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

that every person practicing midwifery in this City of Baltimore, shall, on or before the first day of each month, report to the Office of the Registrar of Vital Statistics, a list of the births which have occurred under his or her care during the month, in the form of a certificate between the first and third day of each month to the Office of the Registrar of Vital Statistics, and the said certificate shall be signed by the practitioner of midwifery, or should any other person be present at the birth, by the person so present, and the said certificate shall be filed in the Office of the Registrar of Vital Statistics, and the said certificate shall be subject to the provisions of this section, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 30 Sept 1895

4. Place of Birth, (Street and Number) 215 Alameda St

5. Full Name of Mother, Mary Brushwood

6. Mother's Maiden Name, McLafin

7. Mother's Birthplace, Ireland

8. Full Name of Father, Joseph Brushwood

9. Father's Occupation, Copper Smith

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 22 Alameda St

Remarks, _____

And the person who delivered and attended the birth shall keep a true and correct register of the births occurring in the city, and shall set forth as far as the same can be ascertained the full name of each child, of its sex, color, date of birth, and the name and occupation of its mother, and shall also set forth the name and occupation of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons attending the birth to report its birth to the Commissioner of Health, in the manner and to the extent provided in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 Sept 1895

4. Place of Birth, (Street and Number) 24 E 25 1st St

5. Full Name of Mother, Rachel Kohn

6. Mother's Maiden Name, Frank

7. Mother's Birthplace, Russia

8. Full Name of Father, Wolf Kohn

9. Father's Occupation, Tailor

10. Father's Birthplace, Quana

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 422 W. 1st St

Remarks, _____

GIVEN NAME ADDED, 10-11-56
 RETURN OF A BIRTH. L00973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Isadore Witkin
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
 1. Sex, (state whether male or female). *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *28 Sept. 51*
 4. Place of Birth, (Street and Number) *70 Alameda St.*
 5. Full Name of Mother, *Evelyn Witkin*
 6. Mother's Maiden Name, *Ekonick*
 7. Mother's Birthplace, *Russia*
 8. Full Name of Father, *Moses Witkin*
 9. Father's Occupation, *Cigar maker*
 10. Father's Birthplace, *Russia*
 Name of Medical Attendant, or other person who makes this Return, *E. Schuman*
 Address, *70 Alameda St.*
 Remarks, _____

And the mother, and the father, and the physician, and the midwife, and the nurse, and the attendant, and the person who makes this return, shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 Sept 8, 95

4. Place of Birth, (Street and Number) 108 High St

5. Full Name of Mother, Jennie Lewis

6. Mother's Maiden Name, Oranger

7. Mother's Birthplace, Austria

8. Full Name of Father, Larsen Lewis

9. Father's Occupation, Wailer

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Allen St.

Remarks, _____

Sec. 7. And it is further enacted, that every person practicing medicine in this City of Baltimore, upon birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births, which have occurred under his supervision, and shall set forth as far as possible the name of the mother, the date and place of birth, and the sex of the child, and shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of medicine, the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 15 Feb 1895
 4. Place of Birth, (Street and Number) 303 N. High St
 5. Full Name of Mother, Betzie Miller
 6. Mother's Maiden Name, Gertrude
 7. Mother's Birthplace, Prussia
 8. Full Name of Father, Louis Blomman Miller
 9. Father's Occupation, Manufacturer of Clothing
 10. Father's Birthplace, Prussia
- Name of Medical Attendant, or other person who makes this Return, L. Chenoweth
- Address, 42 Alameda St
- Remarks, _____

L00978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 Sept 1895
4. Place of Birth, (Street and Number) 18 Alameda St.
5. Full Name of Mother, John Gordon
6. Mother's Maiden Name, Grisham
7. Mother's Birthplace, Chenabur, Va.
8. Full Name of Father, John C. Gordon
9. Father's Occupation, Fire cutter
10. Father's Birthplace, Bathurst, N.S.
Name of Medical Attendant, or other person who makes this Return, E. Sherman
Address, 42 Alameda St.
Remarks,

L00977

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, Sept 21, 1895
 4. Place of Birth, (Street and Number) 306 Diamond St.
 5. Full Name of Mother, Ella La Prade
 6. Mother's Maiden Name, Ella Johnson
 7. Mother's Birthplace, Md
 8. Full Name of Father, James La Prade
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Md
 Name of Medical Attendant, or other person who makes this Return, Louise Eatow M.D. Res. Chgo.
 Address, Maternity Homeing Med. College
 Remarks, 410 W. Hoffman St.

RETURN OF A BIRTH. L00978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept. 21. 1895

4. Place of Birth, (Street and Number) 572 2 Biddle Alley

5. Full Name of Mother, Mary Cross

6. Mother's Maiden Name, Mary Johnson

7. Mother's Birthplace, Md.

8. Full Name of Father, William Cross

9. Father's Occupation, Driver

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Louise Eaton M. D. Res. Phys.

Address, Maternity Home and Med. College

Remarks, 410. N. Hoffman St

Sec. 10. Any person practicing midwifery in this city or county, who shall fail to file with the Commissioner of Health, a true and correct copy of the birth record, as required by law, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, SEP 27 - 95
4. Place of Birth, (Street and Number) Montebello Ave
5. Full Name of Mother, Leda M Leonard
6. Mother's Maiden Name, George
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Henry M Leonard
9. Father's Occupation, machinist
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M D
- Address, 811 Jefferson Ave Waverly
- Remarks, _____

And he is further directed and obligated that every person practicing midwifery in the City of Baltimore under whose charge attendance is taken shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the date of birth, the place of birth, the name of the mother, and the name of the father, and shall report its birth to the Commissioner of Health, in the manner and to the effect provided in the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L00980**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

over

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 4, 1895*

4. Place of Birth, (Street and Number) *1029 Guilford Ave.*

5. Full Name of Mother, *Mary Jane Apple*

6. Mother's Maiden Name, *" " Clarke*

7. Mother's Birthplace, *County Mayo, Ireland*

8. Full Name of Father, *Martin W. Apple*

9. Father's Occupation, *Coachman*

10. Father's Birthplace, *Balti. Md.*

Name of Medical Attendant, or other person who makes this Return, *Dr. A. Hartman M.D.*

Address, *1121 N. Caroline St.*

Remarks, *Full name of child: Mary Elizabeth Apple*

CORRECTED BY Baptista Record
SEE DOCUMENT FILE NO. L-00980
DATE 12/30/11 MA Holman
CLERK

Institutes under whose character and name a birth shall be entered, shall keep a true and correct register of such birth, and shall enter the same in the birth record, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and hour of birth, and the date and hour of death, if any shall have been conferred, the full name and occupation of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period and under the penalty of the law, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep 26 - 93
4. Place of Birth, (Street and Number) 1110 Beach St
5. Full Name of Mother, Matilda E. Johnson
6. Mother's Maiden Name, Matilda E. Dolan
7. Mother's Birthplace, Baltimore - Md
8. Full Name of Father, Adams H. Johnson
9. Father's Occupation, Boiler-maker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs E. D. Brooke
- Address, 1828 Light St
- Remarks, Dying still

Section 1009. And he or she further, subject to the provisions of this section, shall be liable to be fined or imprisoned, or both, for each offence, to be recovered as other fines and forfeitures are recoverable, for failing to comply with the provisions of this section.

RETURN OF A BIRTH. L00982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 22 1895*

4. Place of Birth, (Street and Number) *1617 Joppa Lane*

5. Full Name of Mother, *Mary Heamner*

6. Mother's Maiden Name, *Mary Heamner*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Heamner*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Dr. R. G. Carter*

Address, *213 E. Beaufort St.*

Remarks, *Henry Heamner*

RETURN OF A BIRTH. L00983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Oct 15, 1845
 4. Place of Birth, (Street and Number) 1407 Baltimore
 5. Full Name of Mother, Mary Wheeler
 6. Mother's Maiden Name, Mary Kelly
 7. Mother's Birthplace, Irish
 8. Full Name of Father, George Wheeler
 9. Father's Occupation, Liner
 10. Father's Birthplace, Irish
 Name of Medical Attendant, or other person who makes this Return, Dr. W. C. Garrison
 Address, 23 E. Wall St
 Remarks, Hon. Hill

RETURN OF A BIRTH. L00984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6"
1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, Sept. 30, 1895
 4. Place of Birth, (Street and Number) 573 Union St.
 5. Full Name of Mother, Stacia Mason
 6. Mother's Maiden Name, Stacia Williams
 7. Mother's Birthplace, Md.
 8. Full Name of Father, Walter Mason
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Md.
- Name of Medical Attendant, or other person who makes this Return, Louis Catron, M.D. Res. Phys
- Address, Maternity Hospital, Med. College
- Remarks, 410 N. Hoffman St.

[illegible][illegible][illegible]

RETURN OF A BIRTH L00987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*—

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation.

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

Wm J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH L00988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,--

Address,

Remarks.

Wm. J. C. Dufany Co., City Printers and Stationers

L00989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

Section 47. It shall be the duty of every person who shall deliver a child, or who shall be present at the delivery of a child, to report the birth of such child to the Registrar of Births and Deaths, within the time and in the manner prescribed in this section. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 30th. 1893

4. Place of Birth, (Street and Number) 1016 Forrest Place.

5. Full Name of Mother, Annai R. White

6. Mother's Maiden Name, Annai Rattay

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, James W. White

9. Father's Occupation, Salesman.

10. Father's Birthplace, Balte. Md.

Name of Medical Attendant, or other person who makes this Return, Werner Bruntow M.D.

Address, S.W. Cor. Calvert & Pruit Sts.

Remarks, _____

GIVEN NAME ADDED, 10-21-63

RETURN OF A BIRTH: L00991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *William Taylor Harper*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *July 31, '93*
 4. Place of Birth, (Street and Number) *943 W. Broadway*
 5. Full Name of Mother, *Margt. Virginia Harper*
 6. Mother's Maiden Name, *" " Taylor*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Wm. J. Harper*
 9. Father's Occupation, *Traveling Salesman*
 10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Geo. A. Hartman M.D.*
- Address, *1121 W. Caroline St.*
- Remarks, _____

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth, and shall enter the same on a blank schedule, to be furnished to the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each month, to the Commissioner of Health, and shall be retained by him for a period of one year, and shall without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose care a birth occurs shall file a return of such birth with the Registrar of Vital Statistics, Health, in the form of a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the said schedule, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the person or persons who shall have attended the birth of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 28. 1893

4. Place of Birth, (Street and Number) 1612 N. Caroline St.

5. Full Name of Mother, Maria W. M. Comas

6. Mother's Maiden Name, " J. Anderson

7. Mother's Birthplace, Balt. Co.

8. Full Name of Father, William E. M. Comas

9. Father's Occupation, Driver Agt.

10. Father's Birthplace, Balt. Co.

Name of Medical Attendant, or other person who makes this Return, Geo A. Hartman M.D.

Address, 1131 N. Caroline St.

Remarks, _____

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, shall be deemed to have accepted the provisions of this act, and shall be liable to the penalties thereof. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, shall be deemed to have accepted the provisions of this act, and shall be liable to the penalties thereof.

RETURN OF A BIRTH. **A** L00993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 18, 1893

4. Place of Birth, (Street and Number) 124 E. Preston St.

5. Full Name of Mother, Mary Irwin

6. Mother's Maiden Name, " Patterson

7. Mother's Birthplace, Penn^a

8. Full Name of Father, Edwin J. Irwin

9. Father's Occupation, Electrician

10. Father's Birthplace, Penn^a

Name of Medical Attendant, or other person who makes this Return, Dr. A. Hartman M.D.

Address, 1121 N. Carroll St.

Remarks, _____

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall submit the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L00994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Over

Name of child: Carlton Warner
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4, '93
4. Place of Birth, (Street and Number) 1519 E. North Ave.
5. Full Name of Mother, Clotilde C. Warner
6. Mother's Maiden Name, " " Abrams
7. Mother's Birthplace, Beth. Md.
8. Full Name of Father, Frank C. Warner
9. Father's Occupation, Electrician
10. Father's Birthplace, Waterbury, Conn.
Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman, M.D.
Address, 1121 N. Caroline St.
Remarks, _____

CORRECTED BY Waldward
SEE DOCUMENT FILE 1-00994
DATE 8/26/12 M. H. Rosen
CLERK

Section 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file the same with the Registrar of Vital Statistics, on or before the first day of the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conceived; its sex, color, the full name and occupation of its parents, the date and place of birth; and the day of its birth, and shall also set forth the name and occupation of the practitioner of midwifery, or should no other attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L00995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) (Male) George J. Crutch
 2. Race or Color, (if not of the white race) (White)
 3. Date of Birth, July 1, 1893
 4. Place of Birth, (Street and Number) 243 Wura St.
 5. Full Name of Mother, Hannah Eliza Crutch
 6. Mother's Maiden Name, " " Smith
 7. Mother's Birthplace, Dutch Ind.
 8. Full Name of Father, George Crutch
 9. Father's Occupation, Crafter & Car Mechanic
 10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Dr. A. Hartman M.D.
- Address, 1131 N. Caroline St.
- Remarks, _____

Added from insurance record
See document file L.00995
3/26/42 J. H. McGuire
(cont.)

[illegible]

GIVEN NAME ADDED. 4-20-58
RETURN OF A BIRTH. L00936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Archie Patterson Mayor
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 27th 1893*
4. Place of Birth, (Street and Number) *2023. Harcourt Ave*
5. Full Name of Mother, *Ella Mayo*
6. Mother's Maiden Name, *Ella Baldwin*
7. Mother's Birthplace, *Baltimore Maryland*
8. Full Name of Father, *John Mayo*
9. Father's Occupation, *Car Maker*
10. Father's Birthplace, *Greensboro North Carolina*
Name of Medical Attendant, or other person who makes this Return, *Dr. John Davis*
Address, *2102 Orleans St*
Remarks, *Natural delivery*

RETURN OF A BIRTH. **A00997**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 10/93

4. Place of Birth, (Street and Number)

930 E. Eager St.

5. Full Name of Mother,

Margaret. Mass.

6. Mother's Maiden Name,

McLennan

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Henry. Mass.

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Edw. J. P. M. D.

Address,

207 Fairview St.

Remarks,

SECTION 2. And be it further enacted, that any person who shall knowingly and unlawfully procure the registration of a birth, or who shall knowingly and unlawfully procure the registration of a death, or who shall knowingly and unlawfully procure the registration of a marriage, or who shall knowingly and unlawfully procure the registration of a divorce, or who shall knowingly and unlawfully procure the registration of a change of name, or who shall knowingly and unlawfully procure the registration of a change of sex, or who shall knowingly and unlawfully procure the registration of a change of race or color, or who shall knowingly and unlawfully procure the registration of a change of date of birth, or who shall knowingly and unlawfully procure the registration of a change of place of birth, or who shall knowingly and unlawfully procure the registration of a change of full name of mother, or who shall knowingly and unlawfully procure the registration of a change of mother's maiden name, or who shall knowingly and unlawfully procure the registration of a change of mother's birthplace, or who shall knowingly and unlawfully procure the registration of a change of full name of father, or who shall knowingly and unlawfully procure the registration of a change of father's occupation, or who shall knowingly and unlawfully procure the registration of a change of father's birthplace, or who shall knowingly and unlawfully procure the registration of a change of name of medical attendant, or who shall knowingly and unlawfully procure the registration of a change of address, or who shall knowingly and unlawfully procure the registration of a change of remarks, shall be guilty of a misdemeanor, and shall be liable to a fine of not more than one hundred dollars, or to imprisonment for not more than six months, or to both such fine and imprisonment, at the discretion of the court.

[illegible]

RETURN OF A BIRTH. A00998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race) -

3. Date of Birth, 30 January 1892

4. Place of Birth, (Street and Number) 1271 1/2 E. 13th St. N. W. Wash. D. C.

5. Full Name of Mother, Shirley Ann

6. Mother's Maiden Name.....

7. Mother's Birthplace, Married Alban

8. Full Name of Father _____

9. Father's Occupation

10. Father's Birthplace.....

Name of Medical Attendant, or other person: W. J. Bond

Name of Medical Attendant, or other person who makes this Return, _____

Address,

Remarks, Below 1000

RETURN OF A BIRTH. A L00999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *17 June 1875*
4. Place of Birth, (Street and Number) *1274 William St*
5. Full Name of Mother, *Emma Costand*
6. Mother's Maiden Name, *Emma Cursey*
7. Mother's Birthplace, *Delaware*
8. Full Name of Father, *Charles C Costand*
9. Father's Occupation, *Shoe - Cutter*
10. Father's Birthplace, *Pella, Ind*
- Name of Medical Attendant, or other person who makes this Return, *C. A. Brooks*
- Address, *1818 South 1st St*
- Remarks, *Dying Well*

186
In Baltimore under whose charge or supervision the birth occurred, that every person practicing medicine in the City of Baltimore shall, under the seal of the Board of Health, keep a true and correct record of every birth occurring in the City of Baltimore, and shall set forth as far as the same can be ascertained, the name, sex, color, date, hour, day, month, and year of the birth, the name and occupation of the parents, the date and place of birth, the name of the physician or midwife attending, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

RETURN OF A BIRTH. *L 01000 1/2*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *26 Jan 1873*

4. Place of Birth, (Street and Number) *2336 Calhoun St*

5. Full Name of Mother, *Emma Banks*

6. Mother's Maiden Name, *Waters*

7. Mother's Birthplace, *City*

8. Full Name of Father, *James Waters*

9. Father's Occupation, *Labron*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other person who makes this Return, *M. B. Jones*

Address, *1121 Saratoga St*

Remarks, _____

Any person who, in the practice of his profession, shall neglect or refuse to register a birth, or who shall knowingly make a false statement in the return of a birth, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. *Ai* 101001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 2, 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)- Colored

3. *Date of Birth*, Dec. 27, 1873 (1872)

4. Place of Birth, (Street and Number)-----819 Walden St

5. Full Name of Mother, ----- Michael Pennell

6. *Mother's Maiden Name,*-----

7. *Mother's Birthplace,*-----

8. Full Name of Father, John Edward

9. *Father's Occupation*----- *Police Officer*

10. *Father's Birthplace,* Essex

Name of Medical Attendant, or other person who makes this Return John C. Jones

Address, 1121 S. Washington St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. **L01002**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan. 2nd 1893

4. Place of Birth, (Street and Number) 305 South Front St

5. Full Name of Mother, Ester Bombiro

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Russia

8. Full Name of Father, J. L. Lutz-miller

9. Father's Occupation, Cigar-maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Barker

Address, 46 East York St

Remarks, _____

RETURN OF A BIRTH. **A** **L01003**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11-8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. *Date of Birth,*.....

4. *Place of Birth, (Street and Number)*.....

5. Full Name of Mother, Anna Maria

6. *Mother's Maiden Name,*

7. Mother's Birthplace, Russia

8. Full Name of Father, Ben Halvor

9. Father's Occupation..... 1.11.12 General Store

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Berber

Address, 4651 12th Ave N

Remarks,

RETURN OF A BIRTH L01004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 17th January 1893

4. Place of Birth, (Street and Number) 1113 Smith St - Balt. Md

5. Full Name of Mother, Emma Taylor Johnson

6. Mother's Maiden Name, Emma Taylor

7. Mother's Birthplace, Essex Co Va

8. Full Name of Father, Andrew Johnson

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Lucinda Mitchell

Address,

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-3-57
RETURN OF A BIRTH. L01005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Alexander Herland

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 31 January - 1893

4. Place of Birth, (Street and Number) 109 West Street

5. Full Name of Mother, Elizabeth Herland

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Germany

8. Full Name of Father, John Herland

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Walter Miller

Address, 309 Leadenhall Street

Remarks,

RETURN OF A BIRTH- L01006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marguerite Agnes Houck

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan. 15th 1893
4. Place of Birth, (Street and Number) 622 N. Lombard St.
5. Full Name of Mother, Bessie Horack
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md. (Cumberland)
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

J. M. Lawson M. D.
622 N. Lombard st.

1-30-53

RETURN OF A BIRTH. L01007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)... *AF Female*

2. Race or Color, (if not of the white race)..... *Black*

3. Date of Birth, 29 Jan. 1893

4. Place of Birth, (Street and Number) 1402 E. Lombard St.

5. Full Name of Mother, Minnie M. [unclear]

6. *Mother's Maiden Name,* Levy

7. Mother's Birthplace, Hamlet, N. Y.

8. Full Name of Father, *Her Goodman*

9. Father's Occupation.....Teacher

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 42 Ashmun St.

Remarks,

10-1098

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

- Wm. J. C. Dulany Co., City Printers and Stationers

any such birth, and shall enter the same on black schedule, to be printed and stamped, and shall set forth as follows: the name and occupation of its parents, the date and hour of its birth, the sex, color, the full name and occupation of its parents, the date and hour of its birth, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the offices of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time in which any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L01009**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Color Child

3. Date of Birth, Baltimore Ct 14 24

4. Place of Birth, (Street and Number) January The 29 1893

5. Full Name of Mother, Betty Jones

6. Mother's Maiden Name, Betty Talar

7. Mother's Birthplace, Sanbaste Co Va

8. Full Name of Father, Jones Jones

9. Father's Occupation, labor

10. Father's Birthplace, Sanbaste Co Va

Name of Medical Attendant, or other person who makes this Return, Carlan Petron

Address, 401 1st St

Remarks, staying well can expect

RETURN OF A BIRTH. L01010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. *Sex*, (state whether male or female).

2. Race or Color, (if not of the white race)---

3. *Date of Birth,*—

4. *Place of Birth, (Street and Number).*

5. ⁶⁰Full Name of Mother,

6. *Mother's Maiden Name,*—7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,.....

Remarks,

and, in case of emergency, a birth record may be made by a physician or other person who is present at the birth, and who is qualified to make such record, and who shall be sworn to the truth of the same, and who shall be subject to the same penalties as the Registrar of Vital Statistics, for each offense, to be recovered as other fines and forfeitures are recovered.

GIVEN NAME ADDED 11-4-57
RETURN OF A BIRTH L01011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lewis Glatt
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *white*
3. Date of Birth, *5th of January 1893*
4. Place of Birth (Street and Number), *406 E. Pratt St.*
5. Full Name of Mother, *Helen Glatt*
6. Mother's Maiden Name, *Helen S. Grossberg*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Harrie Glatt*
9. Father's Occupation, *Dr. Grossberg*
10. Father's Birthplace, *Russia*
Name of Medical Attendant, or other person who makes this Return, *Dr. Wae*
Address, *658 E. Bunker St.*
Remarks,

Health. This schedule shall contain a list of the births which have taken place during the month, and shall set forth as far as the same can be ascertained, the full name of each child at birth, the sex, the date of birth, the name of the mother, the name of the father, the name of the medical attendant, and the name of the person who makes this return, and the date of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the month, and the medical attendant shall be unable to report the birth of the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20 January

4. Place of Birth, (Street and Number) 4623 Pennsylvania Ave.

5. Full Name of Mother, Anna A. Spitznagel

6. Mother's Maiden Name, Friedrich

7. Mother's Birthplace, Germani

8. Full Name of Father, Max Spitznagel

9. Father's Occupation, Butcher

10. Father's Birthplace, Germani

Name of Medical Attendant, or other person who makes this Return, Mr. M. J. Shickney

Address, 721 Cumberland St.

Remarks, 721 Cumberland St.

49-013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... Female
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... Jan. 11/98.
4. Place of Birth, (Street and Number)..... 1011 N. Lincoln St.
5. Full Name of Mother,..... Anna Emma Ludwig
6. Mother's Maiden Name,..... Kistner
7. Mother's Birthplace,..... Russia
8. Full Name of Father,..... Anthony Thomas Ludwig
9. Father's Occupation,..... Mail
10. Father's Birthplace,..... Russia
- Name of Medical Attendant, or other person who makes this Return,..... Dr. James J. Tamm
- Address,..... 17 N. Cedar St.
- Remarks,.....

Section 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge a birth occurs shall be and is hereby required to file and correct the register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and such schedule shall contain a list of the births which have occurred under his or her care during the month in which they occur, and shall be delivered to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the inspection of the Commissioner of Health, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such attendance to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

L01014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Boy
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, January 7th 1893
 4. Place of Birth, (Street and Number) 106 Boine St Baltimore
 5. Full Name of Mother, Mary Sipe
 6. Mother's Maiden Name, Mary Barry
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Benjamin Sipe
 9. Father's Occupation, Fire Department
 10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Catherine Mitchell
- Address, 216 Parkin St Balto
- Remarks,

SECTION 10. And he it further enacted and ordained that every person who shall be present at the birth of a child in the city of Baltimore under whose charge or superintendence a birth shall be made, shall be bound to fill out and sign the birth certificate in the form of the schedule attached to this act, and to deliver the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the said schedule. This schedule shall contain the name of the child, its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month thereafter until the child shall be one year of age, when the day of the month shall occur upon the mother, immediately thereafter it shall become the duty of the Registrar of Health to cause the birth of any child to be reported to the Registrar of Health, in the manner and within the period above specified, and the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 101015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *January 11 d. 2 o'clock p. m. 1893.*
 4. Place of Birth, (Street and Number) *303 W. Hoffman St.*
 5. Full Name of Mother, *Helen Sterling*
 6. Mother's Maiden Name, *Helen Watkins.*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *John Sterling*
 9. Father's Occupation, *Salesman*
 10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Marie Gysse*
- Address, *303 W. Hoffman St.*
- Remarks, _____

Register of Births and Deaths shall contain a list of the births, which have taken place during the month, and shall include the name of the child, the date and place of birth, and the sex of the child, and shall be signed by the practitioner in the form of a certificate, and shall be filed in the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician, or the practitioner of midwifery, or should no other person be present, the duty of the person or persons of such class shall be to file a certificate in the office of the Commissioner of Health, in the manner and form provided in the section above required, and any such person who shall hereafter fail to comply with the provisions and forfeitures are recoverable.

RETURN OF A BIRTH. L01016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 14th 1893

4. Place of Birth, (Street and Number) No 1137 Leadenhall St

5. Full Name of Mother, Lizzie Schully

6. Mother's Maiden Name, Lizzie Flechely

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Denny Schully

9. Father's Occupation, laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katherine Horning

Address, No 1317 Byrd St

Remarks, CS

Every person practicing midwifery in the City of Baltimore under whose charge, attendance and delivery shall be entered a list of the births which have occurred under his or her care during the month, and shall set forth as follows: the date of each birth, the sex, color, the full name and occupation of the parents, the date of the birth, the day of each and every month to the office of the Commissioner of Health, in case the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the person or persons who shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and form above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

LO1017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11/11/1892

4. Place of Birth, (Street and Number) 1111 1st St. N. W.

5. Full Name of Mother, Sarah R. Ryan

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Ireland

8. Full Name of Father, John R. Ryan

9. Father's Occupation, Carpenter

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, J. H. Ryan

Address, 1111 1st St. N. W.

Remarks,

~~LOIOL~~

11

7th

Male.

Colony.

Jan 15th 1891.

1550 St. Mary St.

Rose Lane

1872

St. Mary's C. Church

Bureau of

Vol. 1

St. Louis, Mo. Feb. 1, 1881

Edward E. Barker

324 4513 4514 4515

7-11

Section 10. Every child born in this State, and every child born in any other State or Territory, and every child born in any foreign country, and every child born in any other place, shall be subject to the laws of this State, and shall be entitled to the same rights and privileges as the citizens of this State. Every child born in this State, and every child born in any other State or Territory, and every child born in any foreign country, and every child born in any other place, shall be subject to the laws of this State, and shall be entitled to the same rights and privileges as the citizens of this State.

RETURN OF A BIRTH. A L01019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 15th, 1898

4. *Place of Birth, (Street and Number)* _____

5. Full Name of Mother, Alma Laidman

6. Mother's Maiden Name, Miss S. J. Smith

7. Mother's Birthplace, *St. Louis, Mo.*

8. Full Name of Father,

9. Father's Occupation.....

10. Father's Birthplace, Butler, Mass.

Name of Medical Attendant, or other person who makes this Return *W. H. H. H.*

Address, 1916 Pennsylvania Ave

Remarks:

LOT 020

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The first

- in person or by mail, and shall be accompanied by a duly practicing midwife or physician. Such person shall enter the same on a blank schedule to be furnished by the commissioner of health. This schedule shall be filled out as far as the name of the child, the date of birth, the sex, the month, and shall set forth as far as the same can be ascertained the full name of each child, the date of birth, the sex, the color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be filed in the office of the commissioner of health. The commissioner of health shall send by mail to the parents of each child, within the first, second, third day of each and every month to the office of the commissioner of health, a copy of the said schedule without the attendance of a physician or practitioner of midwifery, or should no other persons be in the family, to the mother, immediately thereafter it shall become the duty of the person or persons in the family to report the birth of such child to the commissioner of health in person or by mail, and shall be accompanied by a duly practicing midwife or physician. If any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are now collected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are now collected.

And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a member of the Board of Health, shall keep a true and correct register of such births, and shall contain a list of the births which have been conferred in the City of Baltimore, and shall deliver, daily, to the Board of Health, a copy of such schedule, and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. *AL01031*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White Race*
3. Date of Birth, *Jan. 18/93*
4. Place of Birth, (Street and Number) *No 1613 Harman Alley*
5. Full Name of Mother, *Mary Ocel*
6. Mother's Maiden Name, *Bank*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *George Ocel*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Home Missions*

Address, *No 1613 S Charles St*

Remarks, *Yours Respectfully,*

RETURN OF A BIRTH. L01022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth child

1. Sex, (state whether male or female) Girl sex

2. Race or Color, (if not of the white race) White race.

3. Date of Birth, January 1st 1893

4. Place of Birth, (Street and Number) No 26 Albemarle st.

5. Full Name of Mother, Lena Chatanove

6. Mother's Maiden Name, Lena Greenberg

7. Mother's Birthplace,..... *Russia*

8. Full Name of Father, Joseph Chatanove

9. Father's Occupation, *Tailor*

10. *Father's Birthplace,*..... *Russia*

Name of Medical Attendant, or other person who makes this Return, Y. Feldman

Address, 1023 Lombard St

Remarks, Baltimore Md.

[illegible]

RETURN OF A BIRTH. L01023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, January 6, 1873.

4. Place of Birth, (Street and Number) Baltimore City.

5. Full Name of Mother, H. M. Sullivan.

6. Mother's Maiden Name, K. M. Sullivan.

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, X.

9. Father's Occupation, X.

10. Father's Birthplace, X.

Name of Medical Attendant, or other person who makes this Return, Elizabeth M. Sullivan.

Address, Baltimore, Md.

Remarks, None.

RETURN OF A BIRTH. **AL01024**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Trust*

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 22 1893

4. Place of Birth, (Street and Number) 1009 E. Lombard St.

5. Full Name of Mother, Perrel Silverman

6. Mother's Maiden Name, Persel Diles

7. Mother's Birthplace, Russia

8. Full Name of Father, Elis, Sherman

9. Father's Occupation, *liar mpu*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return, G. Fieldman

Address, 1013 E. Lombard St.

Remarks,

SECTION 20. - And it is further enacted, and required, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall occur, shall enter the same on a blank schedule to be furnished by the Board of Health, and shall set forth as far as the same can be ascertained, the name of each child, of any shall have been born, the date, day, month, year, sex, color, the full name and occupation of its parents, the name of the practitioner, and the date of each and every birth, and shall sign the same, and deliver the same to the Board of Health, on or before the third day of each and every month, and shall also report to the Board of Health, on or before the third day of each and every month, the attendance upon the mother, immediately thereafter it shall be the duty of the person or persons who shall report to the Board of Health, in the manner and within the time and under the penalty hereinafter provided, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *January 23rd 1893*

4. Place of Birth, (Street and Number) *No 1809 Hancock St*

5. Full Name of Mother, *Delia McNamee*

6. Mother's Maiden Name, *Delia Taylor*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Edward McNamee*

9. Father's Occupation, *Machinist*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Carlheim Hornung*

Address, *No 1517 Byrd St*

Remarks, *a m*

RETURN OF A BIRTH ~~101026~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A female m c 14

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth, January 22
4. Place of Birth, (Street and Number) Vincent St. N.Y.C.
5. Full Name of Mother, Josephine Ford
6. Mother's Maiden Name, Josephine Parker
7. Mother's Birthplace, Calvert County Md
8. Full Name of Father, Richard L Ford
9. Father's Occupation, Domestic Work
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other person who makes this Return, *Richard Lerner*

Address, Vincent St 1020

Remarks,

RETURN OF A BIRTH. *AL01027*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. *Date of Birth*, Jan" 26

4. *Place of Birth, (Street and Number)*..... 709 Spring St.....

5. Full Name of Mother, (Concepcion) Botero

6. *Mother's Maiden Name,* Jones

7. Mother's Birthplace, Manitoba, Md

8. Full Name of Father, *Wm Eugene Baker*

9. *Father's Occupation*..... *Scourer*

10. *Father's Birthplace,* *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Caroline Pearson*

Address, 401 Lewis St City,

Remarks, *Doing very well at present*

Baltimore under whose charge or surveillance a birth has occurred, shall be held responsible for the accuracy of the information furnished, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

over
A 101.028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 3, 1893

4. Place of Birth, (Street and Number) No 12 Luzerne.

5. Full Name of Mother, Annie (Maystone) Mallon

6. Mother's Maiden Name, Annie (Barthard) Embach

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles (Maystone) Mallon

9. Father's Occupation, Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary S. Swaine

Address, 726 Luzerne St.

Remarks, _____

CORRECTED BY *Parents' marriage record*
SEE DOCUMENT FILE *73-01028*
DATE *10/8/49* *M. A. H. H. H.*
CLERK

Section 7. And he it further enacted and ordained that every person who shall deliver a child in Baltimore City, or in any other place within the jurisdiction of the Board of Health, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. *A* 101029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 2, 1893*
4. Place of Birth, (Street and Number) *2100 Canton Ave.*
5. Full Name of Mother, *Mary Halffelfer*
6. Mother's Maiden Name, *Mary Schmier*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *John Halffelfer*
9. Father's Occupation, *Cooper*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other person who makes this Return, *Mary S. Swayne*
- Address, *226 Luzerne St.*
- Remarks, _____

RETURN OF A BIRTH. L91C30

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female), Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 10, 1893
4. Place of Birth, (Street and Number) 1016 Carly St
5. Full Name of Mother, Mary Walter
6. Mother's Maiden Name, Mary Gentine
7. Mother's Birthplace, Dan.
8. Full Name of Father, James Walter
9. Father's Occupation, Sailor
10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return, ... Mary L. Swannell

Address, 726 Suzana St /

Remarks, ...

RETURN OF A BIRTH. **LO.031**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race*3. *Date of Birth*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother*6. *Mother's Maiden Name*

7. *Mother's Birthplace*

S. *Full Name of Father.*

9. Father's Occupation

10) *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks

RETURN OF A BIRTH 032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, 12

4. Place of Birth, (Street and Number) 1616 McElderry Street

5. Full Name of Mother, Sarah Rayne

6. Mother's Maiden Name, Sarah Rayne

7. Mother's Birthplace, Md

8. Full Name of Father, James L. Rayne

9. Father's Occupation, Day Laborer

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. H. H. Smith 1616 McElderry St

Remarks,

RETURN OF A BIRTH. L01033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female).....Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth*, Jan 9 1893.

4. Place of Birth, (Street and Number) 206 Little church st.

5. Full Name of Mother, Lena Schurc

6. *Mother's Maiden Name,* *Sept*

7. Mother's Birthplace,..... *Germany*

8. Full Name of Father, Fred L. Harbo

9. Father's Occupation, Brewer.

10. *Father's Birthplace,* *Astoria*

Name of Medical Attendant, or other person who makes this Return, *J. Schwarzer, M.D.*

Address, 1032 Hanover St

Remarks, _____

RETURN OF A BIRTH. L91034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female).....Male.....

2. Race or Color, (if not of the white race) W.H.

3. Date of Birth, 11 Jan. 1893

4. Place of Birth, (Street and Number) Waldschel St. N. 1223

5. Full Name of Mother, Lea Kuckenski

6. Mother's Maiden Name, King

7. Mother's Birthplace, Germany

8. Full Name of Father, August M. Gorski

9. Father's Occupation..... *Blacksmith*

10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Dr. J. J. ...

Address, Marble Quarry East Ely N. 434

Remarks,

RETURN OF A BIRTH. L01034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11th Jan. 1893

4. Place of Birth, (Street and Number) Wellschell St. N. 1323

5. Full Name of Mother, Anna Kurlanski

6. Mother's Maiden Name, King

7. Mother's Birthplace, Germania

8. Full Name of Father, August Kurlanski

9. Father's Occupation, Wagon Maker

10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, _____

Address, Harold Schuyler East Ely St. 934

Remarks, _____

RETURN OF A BIRTH. L01035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 10th 1893
4. Place of Birth, (Street and Number) No. 10 Towson Ave.
5. Full Name of Mother, Annie R. Romans
6. Mother's Maiden Name, Annie R. Bentley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas W. Romans
9. Father's Occupation, Baltimore Md. Carpenter
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return,

Address,...

Remarks, ...

LO 036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, ... January 7 1893

4. Place of Birth (Street and Number), 917 N Charles

5. Full Name of Mother, Lacey May Bengland

6. Mother's Maiden Name, Lucy McFarlane

7. Mother's Birthplace, Lexington Ky

8. Full Name of Father, Frederick

9. Father's Occupation, *Rept M^r S^r Amey*

10. Father's Birthplace, *Lincoln*

Name of Medical Attendant, or other person who makes this Return. *C. B. Gamble*

Address, ... 928 Pa Mediac.

Remarks,

[illegible]

RETURN OF A BIRTH. L01037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) = 4

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race)- White

3. Date of Birth, 1st Jan. 1893

4. Place of Birth, (Street and Number). 18135 Pratt St

5. Full Name of Mother, Mary Smith

6. *Mother's Maiden Name,* Robinson

7. Mother's Birthplace..... *Mass.*

8. Full Name of Father, Max Lemmon

9. Father's Occupation..... *Trailer*

10. *Father's Birthplace,* *Prussia*

Name of Medical Attendant, or other person who makes this Return, Mr. J. P. Brown

Address, 72 Vermont Rd

Remarks,

Section 10. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

L01038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 24 15 9 0 10 12*

1. Sex, (state whether male or female) *it is Male Child*

2. Race or Color, (if not of the white race) *Race & Color*

3. Date of Birth,

4. Place of Birth, (Street and Number) *15824 No. 15824*

5. Full Name of Mother, *Pruden Jones*

6. Mother's Maiden Name, *Alton*

7. Mother's Birthplace, *Lanplowenty Va*

8. Full Name of Father, *Edmond Alton*

9. Father's Occupation, *Driver Col. Cart*

10. Father's Birthplace, *East Shu Morlen*

Name of Medical Attendant, or other person who makes this Return, *Mr. Sester*

Address, *1020 Windall*

Remarks,

Record of Vital Statistics
And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, shall keep a true and correct register of such births, and shall enter the same on blanks furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date and place of birth, and the name of the mother, and the name of the father, and the name of the physician or practitioner in the case of any child born, and the name of the midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and if any person shall fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10th Jan 1893

4. Place of Birth, (Street and Number) Petoe Ely St. 1414

5. Full Name of Mother, Marie Stuer

6. Mother's Maiden Name, Tischer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Stuer

9. Father's Occupation, Walt. Man.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Maroline Shway Pet Ely St 1414

Address, Maroline Shway Pet Ely St 1414

Remarks, _____

RETURN OF A BIRTH. L01040
GIVEN NAME ADDED 8-12-59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ellen Marguerite Milholland

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

- | | |
|---|-----------------------|
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | January the 24. 1893 |
| 4. Place of Birth, (Street and Number) | 319 S Woodyscar St |
| 5. Full Name of Mother, | Augusta E. Milkolland |
| 6. Mother's Maiden Name, | Augusta E. Heck |
| 7. Mother's Birthplace, | Baltimore Md |
| 8. Full Name of Father, | Thomas Milkolland |
| 9. Father's Occupation, | Laborer |
| 10. Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other person who makes this Return, | Max Sporn |
| Address, | 1310 Pratt St |
| Remarks, | |

Section 7. And be it further enacted and ordered that every person practicing midwifery in the City of Baltimore shall be licensed by the Board of Health, and shall be subject to the same regulations and penalties as are provided for in the Act relating to the practice of medicine and surgery, and shall be subject to the same regulations and penalties as are provided for in the Act relating to the practice of medicine and surgery, and shall be subject to the same regulations and penalties as are provided for in the Act relating to the practice of medicine and surgery.

RETURN OF A BIRTH. L01041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. d.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 25. 1893 A. M.

4. Place of Birth, (Street and Number) 303 W. Hoffman St.

5. Full Name of Mother, Mary Gelwick

6. Mother's Maiden Name, Mary Gelwick

7. Mother's Birthplace, Hagerstown

8. Full Name of Father, John Hough

9. Father's Occupation, Silk Weaver

10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return, Marie K. Davis

Address, 303 W. Hoffman St.

Remarks, _____

RETURN OF A BIRTH. 101042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... Jan 28 1893
4. Place of Birth, (Street and Number)..... 2378 Foster Ave
5. Full Name of Mother,..... Margaret Sink
6. Mother's Maiden Name,..... Margaret Collier
7. Mother's Birthplace,..... Balto
8. Full Name of Father,..... John Sink.
9. Father's Occupation,..... Laborer
10. Father's Birthplace,..... Balto
Name of Medical Attendant, or other person who makes this Return,..... Mary L. Swayne
Address,..... 726 Superior St
Remarks,.....

RETURN OF A BIRTH AL01043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan. 29, th

4. Place of Birth, (Street and Number) Green St. 1006

5. Full Name of Mother, Martha Reibert

6. Mother's Maiden Name, Martha Dittmar

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Reibert

9. Father's Occupation, tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Barzyl

Address, 711 Green St.

Remarks,

Section 5. And be it further enacted and ordained that every person practicing midwifery in this city shall keep a true and correct register of such births and shall deliver to the Registrar of Vital Statistics, Board of Health, a true and correct copy of such register, together with a copy of the certificate of birth, within ten days after the birth of such child, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 1st 1893

4. Place of Birth, (Street and Number) 831 Potomac St

5. Full Name of Mother, Julia Willhite

6. Mother's Maiden Name, Julia Elias

7. Mother's Birthplace, Balto

8. Full Name of Father, Martin Willhite

9. Father's Occupation, Flag Man

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary S. Swaine

Address, 726 Luzerne St

Remarks, _____

RETURN OF A BIRTH. L01045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 27, 1893

4. Place of Birth, (Street and Number) 2536 Foster Ave

5. Full Name of Mother, Annie Hoffmeyer

6. Mother's Maiden Name, Annie Peters

7. Mother's Birthplace, Germany

8. Full Name of Father, John Hoffmeyer

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary L. Duane

Address, 726 Luzerne St

Remarks, _____

RETURN OF A BIRTH 101046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Girl*
 2. Race or Color, (if not of the white race) *White race*
 3. Date of Birth, *Jan 15 1890*
 4. Place of Birth, (Street and Number) *High st. 7*
 5. Full Name of Mother, *Mary Rosenberg Hersowach*
 6. Mother's Maiden Name, *Mary Rosenberg*
 7. Mother's Birthplace, *Russia*
 8. Full Name of Father, *Jack Hersowach*
 9. Father's Occupation, *Sailor*
 10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other person who makes this return. *G. Feldman.*
- Address, *1013 E. Lombard st.*
- Remarks, _____

Section 2. Any person who, before or after the birth of a child, shall, in violation of the provisions of this section, fail to comply with the provisions of this section shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

13,047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

LO 648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....3

1. Sex, (state whether male or female)..... *Female*

2. Race or Color, (if not of the white race)..... *col*"

3. *Date of Birth.* Jan 22 10/93

4. Place of Birth, (Street and Number) 23 Bruce St

5. Full Name of Mother, Broche Lander

6. Mother's Maiden Name, Phoebe Byers

7. *Mother's Birthplace*, La

8. *Full Name of Father,* *Tom Lanson*

9. *Father's Occupation,* *Lab*

10. *Father's Birthplace,* _____ *J.E.*

Name of Medical Attendant, or other person who makes this Return, Sam Woodland

Address,

Remarks,

101049

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 2, 1892 1892. 02
4. Place of Birth, (Street and Number) Carroll St 1407
5. Full Name of Mother, Rosa H. H. H.
6. Mother's Maiden Name, B. H. H.
7. Mother's Birthplace, B. H. H.
8. Full Name of Father, John H. H.
9. Father's Occupation, H. H.
10. Father's Birthplace, H. H.

Name of Medical Attendant, or other person who makes this Return, H. H. H.

Address, H. H. H.

Remarks,

L01050

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb 5th 1893

4. Place of Birth, (Street and Number) 435 E. North St

5. Full Name of Mother, Lizzie Foster

6. Mother's Maiden Name, French

7. Mother's Birthplace, Balto

8. Full Name of Father, Chas Foster

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mr. B. Billinger

Address, 1206 E. North St

Remarks,

And for it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date of birth, the sex, race or color, the place of birth, the name of the mother, and the name of the father, and shall deliver the same, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such class as shall be reported to the office of the Commissioner of Health, to deliver to the said office a true and correct record of the same, and if any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W. Ind.

3 Date of Birth, *February 17.*

4. Place of Birth, (Street and Number) 1013 N. Calhoun Street

5. Full Name of Mother, Mary Elizabeth Johanning

6. Mother's Maiden Name, Metzger

7. Mother's Birthplace, *Baltimore City, Md.*

8. Full Name of Father, Ernest A. Skennising

9. Father's Occupation, asst. Postman

10. Father's Birthplace, Baltimore, City

Name of Medical Attendant, or other person who makes this Return. James H. Hester

Name of Medical Attendant, _____ makes this Return. _____
Address, 23 W. Poynton -

Address, 2277 17th Avenue

Remarks,

L01052

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

- WPA J C GULANY CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 2-15-56
RETURN OF A BIRTH.

L01053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Amelia Carrie Charlotte Mavers
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race)
 3. Date of Birth, Jan 30th 1893
 4. Place of Birth, (Street and Number) Balto 713 Little Green St
 5. Full Name of Mother, Annie Mavers
 6. Mother's Maiden Name, Annie Pickles
 7. Mother's Birthplace, Balto
 8. Full Name of Father, Chas Mavers Jr
 9. Father's Occupation, Stone Worker
 10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, Mrs. Bange
- Address, 711 Green St
- Remarks,

RETURN OF A BIRTH. 101054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, January-28
 4. Place of Birth, (Street and Number) 1708 Hollomon St
 5. Full Name of Mother, Ida May Brown
 6. Mother's Maiden Name, Ida May Bennett
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Unknown
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Don't know
- Name of Medical Attendant, or other person who makes this Return, Rebecca Murray
- Address, # 1412 Jefferson St
- Remarks,

This schedule shall contain a list of the births which have occurred within the city of Baltimore during the year ending on the 31st day of December next. It shall be filled out by the Registrar of Vital Statistics, and shall be delivered to the Board of Health on or before the 1st day of January next. It shall be the duty of the Registrar to see that the full name and occupation of the mother, and the full name and occupation of the father, are entered in the schedule, and that the child is reported to the Registrar of Vital Statistics within the time specified. Any person who fails to do so shall be liable to a fine of ten dollars for each offence. This section shall be subject to the provisions of the act in relation to the collection of statistics.

RETURN OF A BIRTH 101055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

female

2. Race or color, (if not of the white race)

white

3. Date of Birth,

25 January 1893

4. Place of Birth, (Street and Number)

514 N Patterson Park Ave.

5. Full Name of Mother,

Louise Meinschen

6. Mother's Maiden Name,

L. Rickenapf

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Johann Georg Meinschen

9. Father's Occupation,

Cooper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

L. Richard

Address,

220 N Madison St.

Remarks,

Section 2. And be it further enacted, that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall occur, shall, before the birth, enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain the name of the child, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth of the mother, and shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of such birth, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or the attendance of a physician shall occur upon the mother immediately thereafter, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period herein provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 101056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 23, 1893

4. Place of Birth, (Street and Number) 125 1/2 North Ave

5. Full Name of Mother, Maria A. Cain

6. Mother's Maiden Name, Maria A. Stein

7. Mother's Birthplace, Carroll Co. Md

8. Full Name of Father, Doctor J. Cain

9. Father's Occupation, Physician

10. Father's Birthplace, Balta Md

Name of Medical Attendant, or other person who makes this Return, Dr. J. Cain

Address, 1525 Light St

Remarks, Living Well

Birth shall be reported to the Registrar of Births, who shall keep a true and correct register of such births, and shall enter the same in a list of the births, which have occurred within the city, and the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to report the birth of such child to the Registrar of Births, and within the period above required, and any such person or persons who shall hereafter fail to comply with the foregoing provisions shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L01057**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, February 5th 1893

4. Place of Birth, (Street and Number) 1805 Hoffman St.

5. Full Name of Mother, Katie Brooks

6. Mother's Maiden Name, Katie Brown

7. Mother's Birthplace, Balta. Maryland

8. Full Name of Father, Wm. Brooks

9. Father's Occupation, Writer

10. Father's Birthplace, Easton shore Maryland

Name of Medical Attendant, or other person who makes this Return, Hester Holman

Address, 509 S. Preston St.

Remarks, _____

Health, and this schedule shall contain as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, the date and place of birth, and the name of the person or persons who shall become the duty of the person or persons of such child to report its birth to the Registrar of Births, and within the period above required, and any such person or persons who shall hereafter fail to comply with this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 101053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *February 2nd 1893*
 4. Place of Birth, (Street and Number) *2116 Hazardous Ave*
 5. Full Name of Mother, *Angella LeKey*
 6. Mother's Maiden Name, *A. Gardner*
 7. Mother's Birthplace, *Baltimore Maryland*
 8. Full Name of Father, *Wyndham LeKey*
 9. Father's Occupation, *Cabinet Maker*
 10. Father's Birthplace, *Philadelphia Penn*
- Name of Medical Attendant, or other person who makes this Return, *Dr. John Davis*
- Address, *2102 Calver St*
- Remarks, *Natural delivery*

RETURN OF A BIRTH. 401059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hilda Bready

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *February 17th 1893.*
 4. Place of Birth, (Street and Number) *233 N. Chester St.*
 5. Full Name of Mother, *Georgie Bready.*
 6. Mother's Maiden Name, *Georgie Bauskup.*
 7. Mother's Birthplace, *Baltimore, Maryland.*
 8. Full Name of Father, *Samuel C. Bready.*
 9. Father's Occupation, *Builder.*
 10. Father's Birthplace, *Hendricks County, Maryland.*
- Name of Medical Attendant, or other person who makes this Return, *D. John Davis*
- Address, *2102 W. Orleans St.*
- Remarks, *Natural delivery.* **OFFICE USE ONLY** *5-12-53*
L.M.

20100000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 121-

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Feb 27th 1893*
4. Place of Birth, (Street and Number) *915 E. Preston St*
5. Full Name of Mother, *Ida Hand*
6. Mother's Maiden Name, *Cole*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Hand*
9. Father's Occupation, *clerk*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return, *Mr. B. Billington*
Address, *1206 E. Preston St*
Remarks,

Section 7. - And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file the same with the Registrar of Vital Statistics, Board of Health, at the end of each month. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child of any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the sex, color, and occupation of the mother, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 101001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *Blanche Marguerite Stevens*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 21, '93*
4. Place of Birth, (Street and Number) *1421 E. Avenue St.*
5. Full Name of Mother, *Minnie Stevens*
6. Mother's Maiden Name, *Hertst.*
7. Mother's Birthplace, *Balt. Md.*
8. Full Name of Father, *Chas. H. Stevens*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other person who makes this Return, *Geo. A. Hartman Md.*

Address, *1121 N. Caroline St.*

Remarks, _____

RECORDED BY Baptisma Bond
SEE DOCUMENT FILE NO. 1-01961
DATE 3/12/42 M. A. Bohren
CLERK

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the birth of every child born in the City, and shall file the same with the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the child schedule shall be delivered, duly signed and attested, to the Registrar of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **B01062**
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 16, '93

4. Place of Birth, (Street and Number) 1333 N. Caroline St.

5. Full Name of Mother, Wilhelmina Hobden

6. Mother's Maiden Name, " Eaton

7. Mother's Birthplace, Paun.

8. Full Name of Father, Edwin Hobden

9. Father's Occupation, Public School Teacher

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Dr. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks, _____

GIVEN NAME ADDED 1-9-56
RETURN OF A BIRTH. L01063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Presley Coleman
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Feb. 8. 93*
 4. Place of Birth, (Street and Number) *1730 E. Oliver St.*
 5. Full Name of Mother, *Margt. J. Coleman*
 6. Mother's Maiden Name, *" Sherwood*
 7. Mother's Birthplace, *Balt. Md.*
 8. Full Name of Father, *Chas. E. Coleman*
 9. Father's Occupation, *Book-keeper*
 10. Father's Birthplace, *Crookberry, Balt. Co.*
- Name of Medical Attendant, or other person who makes this Return. *Geo. J. Hardman M.D.*
- Address, *1121 N. Caroline St.*
- Remarks, _____

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, who is not a duly licensed midwife, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filed in the office of the Registrar of Vital Statistics, Baltimore City, on or before the first day of each month, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to cause the birth of such child to be registered in the said schedule, and if such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall submit the same to the Registrar of Vital Statistics, Board of Health, at the end of each month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been conferred thereon, the full name of the mother, the full name of the father, the full name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L01064**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 17, 1893*
4. Place of Birth, (Street and Number) *1538 N. Caroline St.*
5. Full Name of Mother, *Elizabeth Beck*
6. Mother's Maiden Name, *" Otto*
7. Mother's Birthplace, *Bach. Md.*
8. Full Name of Father, *Jno. G. Beck*
9. Father's Occupation, *Pharmacist*
10. Father's Birthplace, *Bach. Md.*
- Name of Medical Attendant, or other person who makes this Return, *Geo. A. Hartman, M.D.*
- Address, *1124 N. Caroline St.*
- Remarks, _____

Baltimore under whose charge or supervision a birth is reported, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14A

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 6A Feb

4. Place of Birth, (Street and Number) 945 N Gay st

5. Full Name of Mother, Emma Franke

6. Mother's Maiden Name, Beyer

7. Mother's Birthplace, Balto

8. Full Name of Father, Christain Franke

9. Father's Occupation, Dry Goods Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N Gay st

Remarks,

RETURN OF A BIRTH. L01066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Eugene ~~Lawrence~~ ^{Wirtz}
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

CORRECTED BY Social Security Board
SEE DOCUMENT FILE NO. 62-260
DATE 6-24-40 RT
CLERK

Registrar of Births, Deaths and Marriages, Baltimore City. This certificate shall be filled out by the attending physician, midwife, or other person who shall have been conferred the honor of the office of the Registrar of Births, Deaths and Marriages, Baltimore City, and shall be delivered to the office of the Registrar of Births, Deaths and Marriages, Baltimore City, within one month after the date of the birth, death, or marriage. In case the birth of any child shall occur within the period above required, and attendance upon the mother, immediately thereafter, it shall become the duty of the attending physician, midwife, or other person to report its birth to the Registrar of Births, Deaths and Marriages, Baltimore City, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Feb 9th
4. Place of Birth, (Street and Number) 430 E Baltimore St
5. Full Name of Mother, Mary Hasselbarth
6. Mother's Maiden Name, Behnke
7. Mother's Birthplace, Germany
8. Full Name of Father, John Hasselbarth
9. Father's Occupation, Tapadumist
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome
Address, 944 E Bay St
Remarks, _____

Section 7. And be it further enacted, that the Registrar of Births and Deaths shall keep a true and correct record of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of delivery, and shall sign the schedule in the form of a certificate between the first and third schedule, and shall deliver the same to the mother, or to the physician or practitioner of midwifery, or to the person or persons who shall attend upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 15th - 1893

4. Place of Birth, (Street and Number) 234 Lammings St. City

5. Full Name of Mother, Carrie Hoyt - Ann -

6. Mother's Maiden Name, Hoyt

7. Mother's Birthplace, Clyde New York

8. Full Name of Father, Agnes W Ann -

9. Father's Occupation, Minister

10. Father's Birthplace, New York State

Name of Medical Attendant, or other person who makes this Return. J. B. Barnard M.D.

Address, _____

Remarks, This Child was a healthy newborn
211 E. Paul St.

Baltimore under whose charge or supervision a birth has occurred, shall enter the same on a blank schedule to be printed by the Commissioner of Health, which shall contain a list of the births which have occurred under his or her care during the month, and shall retain a copy of the same for the purpose of being compared with the schedule when the same shall be delivered to the office of the Commissioner of Health. In case the birth of any child shall occur and every month to the office of the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L01069**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 6th. 1893

4. Place of Birth, (Street and Number) 1517 E. Madison St

5. Full Name of Mother, Henrietta Goedker

6. Mother's Maiden Name, Henrietta Hartung

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Frank Goedker

9. Father's Occupation, Sailor

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, William Brinton, M.D.

Address, A.W. Lee, Leabrock & Poulton Sts.

Remarks, _____

RETURN OF A BIRTH. L01070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Confinement

1. Sex, (state whether male or female). Twins (Boys Girl)

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 12th - 1893

4. *Place of Birth, (Street and Number)* 906 E. Bradley St

5. Full Name of Mother, Helena Johnson

6. Mother's Maiden Name, Clara Rosenthal.

7. *Mother's Birthplace,* Baltimore Md.

8. Full Name of Father, Fredrick Johnson.

9. Father's Occupation, *Frame Lumber*

10. Father's Birthplace, Hamilton, Bermuda

Name of Medical Attendant, or other person who makes this Return. Werner Branton M.D.

Address, S.W. Cor. Calvert & Preston St.

Remarks,

Baltimore under whose authority and seal this certificate is issued, and shall be subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L01071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 1st. 1893

4. Place of Birth, (Street and Number) 413 E. North ave.

5. Full Name of Mother, Lizzie Hewitt

6. Mother's Maiden Name, Lizzie Bichy

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Stephen D. Hewitt

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brantley, M.D.

Address, S. W. cor. Calvert & Preston Sts.

Remarks, _____

RETURN OF A BIRTH. A L01072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

RETURN OF A BIRTH. **L01073**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6d*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *February 20 1893*

4. Place of Birth, (Street and Number) *1229 Calvert Str*

5. Full Name of Mother, *Mary Sardy*

6. Mother's Maiden Name, *Joseph*

7. Mother's Birthplace, *Italy*

8. Full Name of Father, *Joseph Sardy*

9. Father's Occupation, _____

10. Father's Birthplace, *Italy*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Cecile Bernstein*

Address, *122 S. Exeter Str*

Remarks, _____

RETURN OF A BIRTH. **A** **L01074**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12 d*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *February 21, 1893*

4. Place of Birth, (Street and Number) *1007 Solisbury Ale*

5. Full Name of Mother, *Pauline Hyrnitz*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Europe*

8. Full Name of Father, *David Hyrnitz*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Cassie Bernstein*

Address, *122 S. Exeter str*

Remarks,

RETURN OF A BIRTH. **L01075**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d

1. Sex, (state whether male or female), Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, February 22, 1893

4. Place of Birth, (Street and Number) *1117 E. Pratt St*

5. Full Name of Mother, Elka Silbermann

6. *Mother's Maiden Name,*

7. Mother's Birthplace, Europe

8. Full Name of Father, Abraham Silberman

9. Father's Occupation, Sailor

10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, *Mrs. Cecile Bernstein*

Address, 122 S. Exeter St.

Remarks,

RETURN OF A BIRTH. A L01076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... *girl*

1. Sex, (state whether male or female)..... 8 18.

2. Race or Color, (if not of the white race).

2. Date of Birth, 24 February 6 March

4. *Place of Birth, (Street and Number)*..... 927 *Merlin St*

5. Full Name of Mother, Aggie Nelson

6. Mother's Maiden Name, Elizabeth Keane

7. Mother's Birthplace,.....*Ball*

8. Full Name of Father, George Mueller

9. *Father's Occupation*

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Amos Walker

Address, 928 N. 6th Ave.

Remarks.

RETURN OF A BIRTH. L01077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rene Arthur Leaf.
2nd.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female).

By

2. *Race or Color, (if not of the white race)*

White

3. *Date of Birth,*

Feb. 24 1893

4. *Place of Birth, (Street and Number)*

1211 E. Madison St.

5. *Full Name of Mother,*

Johanna Leaf

6. *Mother's Maiden Name,*

Johanna Schmäder

7. *Mother's Birthplace,*

Bremen, Germany

8. *Full Name of Father,*

Howard Leaf

9. *Father's Occupation.*

Kammer

10. *Father's Birthplace,*

Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return.

Wilmer Brantley, M.D.

Address,

S. W. Cor. Calvert & Porton Sts.

Remarks

1-27-53

L01078

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- Wm. J. C. Dulany Co., City Printers and Stationers.

Section 2. And he it further enacted and ordained that every person who shall keep a true and correct record of the births, marriages, and deaths of the inhabitants of the City of Baltimore, shall be liable to the same penalties as are provided for in the Act of the General Assembly, passed at the Session of 1848, in relation to the same. And he it further enacted and ordained that every person who shall keep a true and correct record of the births, marriages, and deaths of the inhabitants of the City of Baltimore, shall be liable to the same penalties as are provided for in the Act of the General Assembly, passed at the Session of 1848, in relation to the same.

RETURN OF A BIRTH. L01080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, February 19, - 73

4. Place of Birth, (Street and Number) Brown 218 48

5. Full Name of Mother, Elizabeth Thomas

6. Mother's Maiden Name, Dorsey

7. Mother's Birthplace, Prince George Md

8. Full Name of Father, John Thomas

9. Father's Occupation, Driver

10. Father's Birthplace, Prince George Co Md

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 1610 Vincent near Baker

Remarks, _____

[illegible]

RETURN OF A BIRTH. **L01081**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 24, 1893*

4. Place of Birth, (Street and Number) *30 Montague St*

5. Full Name of Mother, *Mary A. McCardell*

6. Mother's Maiden Name, *Brown*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Wm. E. McCardell*

9. Father's Occupation, *Cook-keeper*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Dr. Branch*

Address, *1111 E. 11th St.*

Remarks, *Child of 1st marriage*

RETURN OF A BIRTH. L01082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *August 5, 1885*
4. Place of Birth, (Street and Number) *817 South 1st St*
5. Full Name of Mother, *Ellen Jane Smith*
6. Mother's Maiden Name, *Smith*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *John Smith*
9. Father's Occupation, *Unknown*
10. Father's Birthplace, *Unknown*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

SECTION 2.—And be it further enacted and ordained, that every person, residing in Baltimore, who shall be the mother of a child, shall, within the first month after the birth of such child, file a return of the birth of such child, in the form of a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the names of the mother, the father, the child, the date of birth, the place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or practitioner of medicine, who attended the birth of the child, and the name of the person in whose care the child was placed, immediately thereafter, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, March 12/893
4. Place of Birth, (Street and Number) 826 Chesapeake St
5. Full Name of Mother, Barbara C. Harter
6. Mother's Maiden Name, " Flaherty
7. Mother's Birthplace, Balt.
8. Full Name of Father, Charles H. Harter
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, Edward M. Quinn
- Address, 208 August St.
- Remarks, _____

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall, at the expiration of each month, furnish to the Commissioner of Health a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the name and occupation of its parents, the date and place of birth; and the date of the birth, and shall also set forth the name and occupation of the physician or practitioner of health, who shall have attended upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ^A101084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, March. 8th 1893

4. Place of Birth, (Street and Number) 411 N. Egle St.

5. Full Name of Mother, Henriette Haas.

6. Mother's Maiden Name, " Stein

7. Mother's Birthplace, Belto

8. Full Name of Father, Jacob Haas

9. Father's Occupation, Shoe Merchant

10. Father's Birthplace, Belto

Name of Medical Attendant, or other person who makes this Return, Edmund M. Davis

Address, 108 Argyll St.

Remarks, _____

RETURN OF A BIRTH. L01085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female)-

2. *Race or Color, (if not of the white race)*—

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician, midwife, or other person who attended the birth, to the Commissioner of Health, within the third day of each and every month following the date of the birth. In case the birth of any child shall occur on the last day of a month, the schedule shall be delivered to the Commissioner of Health, on the first day of the next month. Any person who fails to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....*3*

1. Sex, (state whether male or female).....*Female*

2. Race or Color, (if not of the white race).....*White*

3. Date of Birth,.....*13th of March*

4. Place of Birth, (Street and Number).....*2222 Mary Ave*

5. Full Name of Mother,.....*Dorothea Corrahn*

6. Mother's Maiden Name,.....*Dorothea Mayer*

7. Mother's Birthplace,.....*Germany*

8. Full Name of Father,.....*Andreas Corrahn*

9. Father's Occupation.....*Labo*

10. Father's Birthplace,.....*Germany*

Name of Medical Attendant, or other person who makes this Return,.....*Friederike Heuber-Midwife*

Address,.....*2116 West Pratt St*

Remarks,

RETURN OF A BIRTH **A** L01086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

CERTIFICATE CORRECTED 11-9-57

Name: Catherine Slocum

1. Sex, (state whether male or female).....*Female*.....

1. Sex, (state whether male or female).....*Female*.....

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 12, 1893

4. Place of Birth, (Street and Number) 3711 9th Ave S

5. Full Name of Mother, Elizabeth (Helen) Glocum

6. Mother's Maiden Name, Esther Sharnoff

7. Mother's Birthplace, Germany

8. Full Name of Father, John (Eugene) Stokum

9. Father's Occupation..... Wagon Maker

10. Father's Birthplace, Denmark

Name of Medical Attendant, or other person who makes this Return, Wesley S. Swaine

Address, 726 Luzerne St. ✓

Remarks,

RETURN OF A BIRTH. **A 101088** To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11th March

4. Place of Birth, (Street and Number) No. 239 South Calhoun

5. Full Name of Mother, Ellen E. Jones

6. Mother's Maiden Name, Petters

7. Mother's Birthplace, Baltimore County Md

8. Full Name of Father, James Jones

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Prussia Co. Md

Name of Medical Attendant, or other person who makes this Return, Dr. James Reid wife

Address, No. 239 South Calhoun St

Remarks, not a very strong child

RETURN OF A BIRTH. L01089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father*

9. *Father's Occupation*10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks

RETURN OF A BIRTH. **L01090** To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 March 1898

4. Place of Birth, (Street and Number) No 315 South Monroe

5. Full Name of Mother, Matechuy Thierle

6. Mother's Maiden Name, Johns

7. Mother's Birthplace, Baltimore County Md

8. Full Name of Father, Richard Thierle

9. Father's Occupation, Street Sweeper

10. Father's Birthplace, Amherst Mass

Name of Medical Attendant, or other person who makes this Return, D. T. Lewis

Address, No 379 South Broadway

Remarks, A strong healthy child

RETURN OF A BIRTH. **L01091**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....d.

1. Sex, (state whether male or female).....Male

2. Race or Color, (if not of the white race).....

3. Date of Birth, 9.27.1874

4. *Place of Birth, (Street and Number)*..... *1911 E. Yerville, N.*

5. Full Name of Mother, Col. G. B. H. V. L. S. C. H. E. R.

6. *Mother's Maiden Name,*----- *Ellen Schreier*-----

7. *Mother's Birthplace*, *Yall*

8. Full Name of Father, Charles Greenleaf Miller

9. *Father's Occupation*..... *409101*

10. *Father's Birthplace,* Laurens, S. C.

Name of Medical Attendant, or other person who makes this Return, Dr. Frederike Beuter M.D.

Address, 2116 West Pratt St

Remarks,

RETURN OF A BIRTH. **A** 101092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 March 1893

4. Place of Birth, (Street and Number) 1132 Low St

5. Full Name of Mother, Bess Parisor

6. Mother's Maiden Name, Klien

7. Mother's Birthplace, Hungary

8. Full Name of Father, Adolph Parisor

9. Father's Occupation, Baker

10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, E. Schuman

Address, 42 Altamark St

Remarks, _____

And be it further enacted, that every person who shall hereafter take charge of a child, or who shall be in attendance upon a child, shall be bound to report the birth of such child to the Office of the Registrar of Vital Statistics, Board of Health, in the manner and within the time prescribed in this section, and any person who shall fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every person who is a practitioner of medicine or surgery, or who is a midwife, or who is a person who is engaged in the practice of medicine or surgery, or who is a person who is engaged in the practice of midwifery, or who is a person who is engaged in the practice of any other profession, occupation, or business, shall be subject to the provisions of this act, and shall be liable to the penalties provided therein.

RETURN OF A BIRTH. A 101093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 March 1893

4. Place of Birth, (Street and Number) 167 N. Howard St.

5. Full Name of Mother, Agnes M. Jones

6. Mother's Maiden Name, Gatling

7. Mother's Birthplace, Russia

8. Full Name of Father, Garnet M. Jones

9. Father's Occupation, Railroad

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, C. B. Jones

Address, 22 Baltimore St.

Remarks, _____

RETURN OF A BIRTH

101094

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Feb 25

4. Place of Birth, (Street and Number)

904 Peach Alley

5. Full Name of Mother,

Ellen

6. Mother's Maiden Name,

Hederson

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

Walter Smothers

9. Father's Occupation,

10. Father's Birthplace.

Calvert Co. Md

Name of Medical Attendant, or other Person who makes this Return

Mary Holmes

Address,

903 Peach Alley

Remarks,

Balto Md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Wm. J. C. Dulany & Co. CITY PRINTERS AND STATIONERS

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. **A** L01035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23rd May 1893

4. Place of Birth, (Street and Number) East Eby St. 728

5. Full Name of Mother, Maria J. Klein

6. Mother's Maiden Name, Schneider

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Leff J. Klein

9. Father's Occupation, Work Man

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, _____

Address, Harold's Sparrow East Eby St. 434

Remarks, _____

Health, and this schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Births, and the date and place of birth of each child shall be entered in the schedule. The practitioner or practitioner of midwifery, or any other person who shall attend upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. LO1096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored race

3. Date of Birth, March 20th

4. Place of Birth, (Street and Number) Baltimore Md McCutlin St. 712

5. Full Name of Mother, Eva Boods

6. Mother's Maiden Name, Lainmont

7. Mother's Birthplace, Somerset County Me

8. Full Name of Father, Edward C Mangland

9. Father's Occupation, Glaser

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr George Anna Brooks

Address, No 1752 Mullikin St

Remarks, _____

RETURN OF A BIRTH. A L01097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

9th
female

2. *Race or Color, (if not of the white race)*

White

3. *Date of Birth,*

May 23rd 1895

4. *Place of Birth.* (Street and Number)

No. 1533. Barrough st

5. *Full Name of Mother,*

Carolyn Richer

6. *Mother's Maiden Name,*

Stenker

7. *Mother's Birthplace.*

German

8. *Full Name of Father,*

Frank Pigkor

9. *Father's Occupation,*

Gabor

10. *Father's Birthplace,*

German

Name of Medical Attendant, or other person who makes this Return.

Katherine Hornung

Address,

N^o 15/17 Byrd St

Remarks,

RETURN OF A BIRTH, L01098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

78 Child.

1. Sex, (state whether male or female)..

Male.

2. Race or Color, (if not of the white race)...

3. *Date of Birth,*

March 20 1893.

4. *Place of Birth, (Street and Number)..*

1849 Charles st

5. *Full Name of Mother,*

Katie Mangford

6. *Mother's Maiden Name,*

Holbert

7. *Mother's Birthplace,*

America
Heron, Wm. L. 1891

8. *Full Name of Father,*

Alvera W. Mansford.

9. *Father's Occupation.*

Brick layer.
American

10. *Father's Birthplace,*

America!

Name of Medical Attendant, or other person who makes this Return.

who
urn, J. Schwasser Michener

Address,

1032 (Haver st.)

Remarks,

RETURN OF A BIRTH. LO1099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, March. 15th. 1893
 4. Place of Birth, (Street and Number) 1049 Saxatoga Ste.
 5. Full Name of Mother, Rosa Anderson
 6. Mother's Maiden Name, Rosa Scheinwiler
 7. Mother's Birthplace, Schweitz Canton A. Gallen.
 8. Full Name of Father, Geord. Anderson
 9. Father's Occupation, Worker in Embroidery.
 10. Father's Birthplace, Schweitz Canton A. Gallen.
- Name of Medical Attendant, or other person who makes this Return, Susan Hunter
- Address, 23 N. Poppleton St.
- Remarks,

RETURN OF A BIRTH. L01100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Henry Benges
Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) _____ Male
2. Race or Color, (if not of the white race) _____ White
3. Date of Birth, _____ 16th day of March 1893
4. Place of Birth, (Street and Number) _____ No 193 Stockholm Str
5. Full Name of Mother, _____ Mary Elizabeth (Benges) Benges
6. Mother's Maiden Name, _____ " " " "
7. Mother's Birthplace, _____ Finland Balto County
8. Full Name of Father, _____ John Otto (Benges) Benges
9. Father's Occupation, _____ Baker
10. Father's Birthplace, _____ Finland

Name of Medical Attendant, or other person who makes this Return. Mr. John E. Bentley

Address, 929 S. Packer St. 1

Remarks, *Child Living.*

Register of such births and shall enter the same in the schedule to be prepared by the Registrar of Births, and shall set forth in the schedule the name of each child, its sex, color, date of birth, month, and shall set forth the name of the mother, her maiden name, her birthplace, her occupation, and the name of the father, his birthplace, and his occupation. The Registrar of Births shall also enter in the schedule the name of the medical attendant, and the name of the person who makes the return. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the Registrar of Births to report its birth to the Commissioner of Health, in the manner and within the period provided for in this section. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 101101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 8 - 1873

4. Place of Birth, (Street and Number) 1511 William St

5. Full Name of Mother, Emma Leide

6. Mother's Maiden Name, Emma Lundgren

7. Mother's Birthplace, Stockholm, Sweden

8. Full Name of Father, Per Johansson

9. Father's Occupation, Railroading

10. Father's Birthplace, Sweden

Name of Medical Attendant, or other person who makes this Return, C. A. Bump

Address, 127 N. 4th St

Remarks, Living Well

RETURN OF A BIRTH. AL01102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race)..... W. Col.
3. Date of Birth,..... 12 April 1873
4. Place of Birth, (Street and Number)..... Lynch St 63
5. Full Name of Mother,..... Anne Maria Selvie
6. Mother's Maiden Name,..... Mary Ann Lee Lee
7. Mother's Birthplace,..... N. York Line
8. Full Name of Father,..... William Lee
9. Father's Occupation..... Farmer
10. Father's Birthplace,..... N. York Line

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, *Being No. 1*

RETURN OF A BIRTH. L01103 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 14th 1893

4. Place of Birth, (Street and Number) 1208 William St

5. Full Name of Mother, Martha Jane Shinnick

6. Mother's Maiden Name, Martha Jane Eskedrige

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Ormsley W. Shinnick

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellenora A. Anderson

Address, 1434 Patapsco St

Remarks,

register of such births and shall, at the time of the birth, ascertain the name, sex, color, date of birth, and the place of birth of each child, and shall, on or before the third day of each and every month, deliver to the office of the Commissioner of Health, in case the birth of any child occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the name, sex, color, date of birth, and the place of birth of such child, and shall, in addition, report to the Commissioner of Health, in the form of a verified statement, the name, sex, color, date of birth, and the place of birth of any such person or persons who shall hereafter fail to comply with the provisions of this section, and who shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A101104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15 March

4. Place of Birth, (Street and Number) 1512 Learton Ave

5. Full Name of Mother, Lina Burton

6. Mother's Maiden Name, Lina Fatus

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Harry Fatus

9. Father's Occupation, Sabore

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Schumann

Address, 409 South Bond St

Remarks, _____

SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall be licensed by the Board of Health, shall keep a true and correct record of all births occurring in the City, and shall submit the same to the Registrar of Vital Statistics, Board of Health, at the end of each month. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 3rd child*
1. Sex, (state whether male or female) *a female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Monday March 13 1893 at 5 o'clock a.m.*
4. Place of Birth, (Street and Number) *N^o 1216 McElderry St.*
5. Full Name of Mother, *Alcestina Harrison*
6. Mother's Maiden Name, *Steiner*
7. Mother's Birthplace, *in Austria Europe*
8. Full Name of Father, *Samuel Aaron Harrison*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *in Russia Europe*
- Name of Medical Attendant, or other person who makes this Return, *experienced Mrs. Marcellus*
- Address, *1242 McElderry St.*
- Remarks, _____

And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, shall keep a true and correct register of such births, and shall enter the name, sex, race or color, date of birth, place of birth, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been born, the name and occupation of the mother, the date and place of birth, and the name and occupation of the father, the name and occupation of the physician or practitioner, and the day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Kind

1. Sex, (state whether male or female) Chlorine Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 March

4. Place of Birth, (Street and Number) S. Bond St. 838

5. Full Name of Mother, Marie Turek

6. Mother's Maiden Name, Marie Rumynovska

7. Mother's Birthplace, Praha

8. Full Name of Father, Marie Turek

9. Father's Occupation, Register

10. Father's Birthplace, Praha

Name of Medical Attendant, or other person who makes this Return, Marie Bell

Address, S. Bond St. 838

Remarks, S. Bond St. 838

RETURN OF A BIRTH. A L01106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

4 Kinder

1. Sex, (state whether male or female)

~~Chapman~~ T. C. P.

2. Race or Color, (if not of the white race)-

Uajis

3. *Date of Birth,*

12 Mar.

4. *Place of Birth, (Street and Number)*

L. Bond Str. 634

5. *Full Name of Mother,*

Marie Turok

6. *Mother's Maiden Name,*

Marie Lumínová

7. *Mother's Birthplace,*

23 or 24

8. *Full Name of Father,*

Wm. L. L. L.

9. *Father's Occupation*

Geography

10. *Father's Birthplace,*

Page 11

Name of Medical Attendant, or other person who makes this Return.

or other person who makes this Return.

Address,

Marie Roll

Remarks,

L. Penn. 57. 838

RETURN OF A BIRTH. **L01107**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W. H. T.

3. Date of Birth, 12th Aug 1891

4. Place of Birth, (Street and Number) Delmar St. No. 26

5. Full Name of Mother, Maria Kiefer

6. Mother's Maiden Name, Herning

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Gottlieb

9. Father's Occupation, W. H. Mann

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Thuracene Shway Tel Eby No 434

Address, Thuracene Shway Tel Eby No 434

Remarks, _____

Section 7. And be it further enacted and ordained that every person practicing medicine in the City of Baltimore, who is licensed to practice medicine, shall, before he or she shall enter the same on blank schedule, to be furnished by the Commissioner of Health, this schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the sex, color, race, date of birth, and the day of such birth, the name and occupation of the mother, the name and occupation of the father, the place of birth, and the name of the medical attendant, and shall be delivered, duly signed and attested, to the office of the Commissioner of Health, in the form of a certificate between the first and third day of each month, and the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH **L01108**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 12th 1893

4. Place of Birth, (Street and Number) 5 N. High St

5. Full Name of Mother, Sarah Silber

6. Mother's Maiden Name, Sarah Silber

7. Mother's Birthplace, Russia

8. Full Name of Father, Abram Brisner

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Refikie Shvatz

Address, 12 N. High St

Remarks,

Section 10. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of such births, and shall enter the same on a blank schedule to be kept in the City of Baltimore, and shall set forth as far as the same can be ascertained, the full name of each child, of any shall have been born in the City of Baltimore, the date of birth, the race or color, the place of birth, the name of the mother, the name of the father, the name of the medical attendant, the name of the physician or practitioner of midwifery, or should in other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1893

RETURN OF A BIRTH L01109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Elder*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *11 März 1893*

4. Place of Birth, (Street and Number) *4017 St. No 1611.*

5. Full Name of Mother, *Emma Ljueker*

6. Mother's Maiden Name, *" Fleischer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Otton Ljueker*

9. Father's Occupation, *Bäcker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return. _____

Address, *Henric Waiger Bäcker Str. No 925*

Remarks, _____

SECTION 7.—And be it further enacted and ordained that every person practicing medicine in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioners of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or if the mother be in attendance upon the mother, immediately after the birth of the child, the person so attending shall be in duty bound to report its birth, immediately after the birth, in the manner and within the period above required, and any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH.

L01110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 324
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 6 & 93
4. Place of Birth, (Street and Number) 624 South 6th Street
5. Full Name of Mother, Esther E. Sherson
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph E. Sherson
9. Father's Occupation, Dry Goods Merchant
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, Mrs. Barker
- Address, 116 East Lombard
- Remarks,

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter in the same the name, sex, color, date of birth, and place of birth of the child, and shall set forth as far as the same can be ascertained the full name of each child, if any, during the birth, and shall also enter in the same the name of the physician or practitioner of health, in case the birth of any child shall occur without the attendance of a physician or practitioner of health, or should no other person be in attendance upon the birth, the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **AL01111**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Hiram Gordon Smith 16
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Feb. 1st / 1931
4. Place of Birth, (Street and Number) 230 N. Cony St.
5. Full Name of Mother, Mrs. - Smith
6. Mother's Maiden Name, (Miss Riker). Lucie Brown Reich
7. Mother's Birthplace, Indians Md.
8. Full Name of Father, (Mr) Smith. Horatio Gates Smith
9. Father's Occupation, Adjuster -
10. Father's Birthplace, Miss.
Name of Medical Attendant, or other person who makes this Return. J. P. Williams
Address, 714 N. Howard St.
Remarks, _____

CLERK

School record
Affidavits of older sisters
Notarized copies of family bible records, showing parents
marriage, birth record of registrant, giving
FILE NO. Q 1111 birth date March 2, 1893 at 4.00 A.M.
L. Evans Bible dated 1883

Record of Vital Statistics in the City of Baltimore.

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth has taken place, shall be furnished by the Commissioner of Health with a blank certificate, to be filled up and returned to him, in which certificate, to be furnished by the Commissioner of Health, shall be contained a list of the births which have occurred under his or her care during the preceding year, and shall contain as far as the same can be ascertained the full name of each child at birth, and the month and day of birth, and the name and address of the father, and the name and occupation of the parents, and the date of the birth, and the date of the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

L01112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female)..... *Male*

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 February 1893

4. Place of Birth, (Street and Number) 2 Tanjong Pagar Rd. 222

5. Full Name of Mother, Ella Chier

6. Mother's Maiden Name, Stanley

7. Mother's Birthplace, Baltimore

7. Mother's Birthplace, India
8. Full Name of Father, Tahan, Ojane

8. Full Name of Father, _____
9. Father's Occupation, Black Man

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, FLORIAN

Name of Medical Attention, makes this return, _____
Address, Marlene Shway East Ely N 424

Remarks,

Record of Vital Statistics in the City of Baltimore.
And he is further enacted and ordained that every person practicing medicine in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately after the birth of the child, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **A L01113**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Color

3. Date of Birth, The 7 of March

4. Place of Birth, (Street and Number) 1132 Mulhain

5. Full Name of Mother, Cora Williams

6. Mother's Maiden Name, Cora Bolter

7. Mother's Birthplace, Duckington Co Va

8. Full Name of Father, Nelson Williams

9. Father's Occupation, laborer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Caroline Patton

Address, 4 four hundred and one Louis St

Remarks, Living Well

SECTION 1. And he it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file the same with the Registrar of Vital Statistics, Board of Health, Baltimore City, within the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second day of the month following the birth, to the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall be without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L01114**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March the 4 1893*

4. Place of Birth, (Street and Number) *Baltimore City*

5. Full Name of Mother, *Rosa Hamblom*

6. Mother's Maiden Name, *Rosa Pitts*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *John Hamblom*

9. Father's Occupation, *Wheelwright*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *Susan Hunter*

Address, *429 Dover St*

Remarks, *23 N. Pappellton St*

Record of vital Statistics in the City of Baltimore.

F.A.

L0111.5

Record of Vital Statistics in the City of Baltimore.

And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born), the date and place of birth, and the name and occupation of its parents, the name and occupation of the physician or practitioner of health, in case the birth of any child shall occur without the attendance of a physician or practitioner of health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A L01116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 6th 1893

4. Place of Birth, (Street and Number) No. 20 London Ave.

5. Full Name of Mother, Lizzie Keesley

6. Mother's Maiden Name, Lizzie Ireland

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Keesley

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

SECTION 7. And be it further enacted and ordained that every person who is a resident in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a record of the same, and shall set forth as far as the same can be ascertained the full name of each child, of any shall the child be conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month following the birth of the child, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or in the case of a stillbirth, or in the case of a child born dead, the parent or the person immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-9-56
RETURN OF A BIRTH. L01118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name Frederick
No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female), Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3 1893
4. Place of Birth, (Street and Number) #933 Chesapeake
5. Full Name of Mother, Mary Ellen Friedle
6. Mother's Maiden Name, Woon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August Friedle
9. Father's Occupation, Copper
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Sarah P. Harrington
Address, 924 Burrey St Canton
Remarks,

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall be licensed by the Board of Health, shall keep a true and correct register of such births, and shall contain a list of the births which have occurred under his supervision, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the day of the birth of such child, and shall also contain a list of the names of the persons who shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, shall occur upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH ^A L01119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Dec 1 1893
4. Place of Birth, (Street and Number) Belmont Alley 105
5. Full Name of Mother, Josephine Mary
6. Mother's Maiden Name, Josephine Russell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Russell
9. Father's Occupation, laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Dr. J. H. H. H. H.
- Address, No 115 West Flury St
- Remarks, full 9 months

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of all births occurring in the City of Baltimore, and shall set forth as far as the same can be ascertained the full name of each child in any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. **A** **L01120**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), *2nd.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Mon. 26. 93*

4. Place of Birth, (Street and Number) *1629 N. Bond St.*

5. Full Name of Mother, *Ida Virginia Taylor*

6. Mother's Maiden Name, *" " Warner*

7. Mother's Birthplace, *Carroll Co. Md.*

8. Full Name of Father, *Wm. H. Taylor*

9. Father's Occupation, *Shoe-burnisher*

10. Father's Birthplace, *Bach. Me.*

Name of Medical Attendant, or other person who makes this Return, *Geo. A. Hartman M.D.*

Address, *1121 N. Caroline St.*

Remarks, _____

Extract Regulations of the Health Department to receive a full birth record of Vital Statistics in the City of Baltimore.
SECTION 2.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall deliver to the Registrar of Vital Statistics, to be furnished by the Commissioner of Health, a certificate of the birth, containing the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, no other person being present, the birth shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, March 31, 1893
4. Place of Birth, (Street and Number) 1151 Saw St.
5. Full Name of Mother, Hanni Schwartz
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Hungary
8. Full Name of Father, Samuel Schorr
9. Father's Occupation, Cantor
10. Father's Birthplace, Hungary
Name of Medical Attendant, or other person who makes this Return, Mrs. P. Skote
Address, 207 S. High St.
Remarks, _____

Extract Regulations of the Health Department of the City of Baltimore.
SECTION 5. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of all births occurring in the City of Baltimore, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of the month in which it was born, and the name of the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

L01122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 31 1893

4. Place of Birth, (Street and Number) 320 N. Howard St.

5. Full Name of Mother, Pauline

6. Mother's Maiden Name, Gorman

7. Mother's Birthplace, Russia

8. Full Name of Father, Louis Steiger

9. Father's Occupation, satchel manufactures

10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Slate

Address, 207 S. High St.

Remarks, _____

A L01123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....6

1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... 29th March 1893
4. Place of Birth, (Street and Number)..... 45 Newark St
5. Full Name of Mother,..... Betty Flax
6. Mother's Maiden Name,..... Mehr
7. Mother's Birthplace,..... Prussia
8. Full Name of Father,..... Charles Flax
9. Father's Occupation..... Laborer
10. Father's Birthplace,..... Prussia

Name of Medical Attendant, or other person who makes this Return, W. J. Campbell

Address, Highland Ave. S. E. 100

Remarks, _____

[illegible]

RETURN OF A BIRTH. A101124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice Anna Fink

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5^d

1. Sex, (state whether male or female).....*Female*

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 27 1933

4. Place of Birth, (Street and Number) 610 G. Lombard St
St. Louis

5. Full Name of Mother, Lizzie Fink

6. *Mother's Maiden Name,*

7. Mother's Birthplace, *Warrington*

8. Full Name of Father, Her. J. J. J.

9. *Father's Occupation,*

10. Father's Birthplace, Cornwall

Name of Medical Attendant, or other person who makes this Return, Mrs C. E. Lee

Address, 122 D. Coxeter Str

Address, _____
 Date, _____
 Stamp: **STREET NAME INDEX** 9-14-53

Remarks, ...

Wm J C. Dulany Co., City Printers and Stationers.

Extract Regulations of the Health Department to Practice in Baltimore.
Section 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of such births, and shall enter the same in a book to be kept by him or her, and shall be subject to the inspection of the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, signed and sworn to by the midwife, and filed in the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 26 March
4. Place of Birth, (Street and Number) 1014 Hammond St
5. Full Name of Mother, Aphie Grunwald
6. Mother's Maiden Name, Aphe Spahn
7. Mother's Birthplace, Ball.
8. Full Name of Father, George Grunwald
9. Father's Occupation, Cutler
10. Father's Birthplace, Ball
- Name of Medical Attendant, or other person who makes this Return, Anna Waller
- Address, 728 N. Cal St.
- Remarks, _____

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedules, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of health, the duty of the person or persons attending upon the mother, immediately after the birth of the child, shall be to report the same to the Commissioner of Health, and to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this section shall be subject to a fine of not less than five nor more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Extract Regulations of the Health Department of Baltimore
Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH.

L01126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 25th 1893

4. Place of Birth, (Street and Number) 832 S. Hanover St., Baltimore, Md.

5. Full Name of Mother, Joanna Maciejowska

6. Mother's Maiden Name, Joanna Waszkowska

7. Mother's Birthplace, Swiete - Poland - Germany

8. Full Name of Father, Jean Maciejowski

9. Father's Occupation

10. Father's Birthplace, Lazyn - Poland - Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Charles J. ...

Address, 228 S. Hanover St.

Remarks,

LO 1127

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6d*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *~~900 E. Pratt Str~~ March 23, 1893*

4. Place of Birth, (Street and Number) *900 E. Pratt Str*

5. Full Name of Mother, *Yetta Gairi*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Europe*

8. Full Name of Father, *Heinsh Gairi*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other person who makes this Return, *Mrs Cecile Bernstein*

Address, *122 S. Exeter Str*

Remarks, _____

Wm. J. C. Dulany Co., City Printers and Stationers.

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.
SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall hereafter take place, shall keep a true and correct register of such births, and shall cause the same to be entered in the Health. This schedule shall contain a list of the births which have occurred under his care, and shall be filed in the Health Department, and shall be set forth as far as the same can be ascertained, the full name of each child, of any child born, and shall set forth its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, and shall be filed in the Health Department, and shall be subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 18-19-57 A LO1128
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie Nathanson
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *21st March 1893*
4. Place of Birth, (Street and Number) *8 Alameda St.*
5. Full Name of Mother, *Bessie Nathanson*
6. Mother's Maiden Name, *Lemmon*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Adolph Nathanson*
9. Father's Occupation, *Saloon Keeper*
10. Father's Birthplace, *Russia*
Name of Medical Attendant, or other person who makes this Return, *E. Johnson*
Address, *42 Alameda St.*
Remarks,

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.
Section 7. - All persons practicing midwifery in the City of Baltimore under whose charge, supervision or control a child is born, shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any) shall have been born, the date of birth, the date of delivery, the date of confinement, the date of the birth of the child, the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. LO1129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) _____
3. Date of Birth, MAY 19 1893
4. Place of Birth, (Street and Number) 1327 Chalkbroach St
5. Full Name of Mother, Lizzie Spahn
6. Mother's Maiden Name, Huller
7. Mother's Birthplace, Ball.
8. Full Name of Father, Conrad Spahn
9. Father's Occupation _____
10. Father's Birthplace, Ball.
- Name of Medical Attendant, or other person who makes this Return, Anna Walker
- Address, 928 N. Paul St.
- Remarks, _____

LO1130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....11th.....

1. Sex, (state whether male or female)..... *Male*

2. Race or Color, (if not of the white race).....

3. *Date of Birth*, 20 July 1933

4. *Place of Birth, (Street and Number)*..... 1433 9th St

5. *Full Name of Mother*,.....

6. *Mother's Maiden Name*, Anna Kohn

7. Mother's Birthplace, San Jose

8. Full Name of Father, O. H. H. H. H.

9. Father's Occupation..... Laura/DEC

10. *Father's Birthplace,*.....

Name of Medical Attendant, or other person who makes this Return, Levin Hammer

Address, 1125 C Street, 17

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. L01131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *X*

1. Sex, (state whether male or female)... boys and girls

2. *Race or Color, (if not of the white race).*

8. Date of Birth, 16 March 1912

4. Place of Birth, (Street and Number)..... 1518 Dallas St

5. Full Name of Mother, *Margie Silbersahn*

6. Mother's Maiden Name, Robert

7. *Mother's Birthplace,*.....

8. Full Name of Father, George Litzke

9. Father's Occupation

10. *Father's Birthplace*, *Ball*

Name of Medical Attendant, or other person who makes this Return, Anna Heller

Address, 928 N. Central Ave.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

SECTION 10. And he it further enacted and ordained that every person in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall cause the same to be entered in a book, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, the date of its birth, its sex, color, the name and occupation of its parents, the date and place of birth, and the name of the practitioner in the form of a certificate between the first and second entries of the child in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or other person in the regular attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *March 15, 1893.*
4. Place of Birth, (Street and Number) *104 S. High Str*
5. Full Name of Mother, *Lana Olshlag*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Europe*
8. Full Name of Father, *Daniel Olshlag*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Europe*
- Name of Medical Attendant, or other person who makes this Return, *Mrs Cecile Bernstein*
- Address, *122 S. Exeter str*
- Remarks, _____

Record of Vital Statistics in the City of Baltimore

LO 133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5^d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 12, 1893

4. Place of Birth, (Street and Number) 900 E. Pratt St

5. Full Name of Mother, Fette Honenberg

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Isaac Honenberg

9. Father's Occupation, Tailor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. Cecile Bernstein

Address, 122 S. Exeter St

Remarks,

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under the laws of the State, shall keep a true and correct register of such birth, and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth: and the sex, color, and occupation of the mother, and the day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A L01134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....4
1. Sex, (state whether male or female).....Female
2. Race or Color, (if not of the white race).....
3. Date of Birth,.....March 1st/893
4. Place of Birth, (Street and Number).....327 W. Gay St.
5. Full Name of Mother,.....Sarah
6. Mother's Maiden Name,.....J. Fisher
7. Mother's Birthplace,.....Ades Russ.
8. Full Name of Father,.....Jake Winberg
9. Father's Occupation,.....Tailor
10. Father's Birthplace,.....Ades Russ. ~~Mrs. P. Stote~~
Name of Medical Attendant, or other person who makes this Return,.....Mrs. P. Stote
Address,.....207 S. High St.
Remarks,

Section 5. And be it further enacted, and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or supervision a birth shall occur, shall, within the month of the birth, register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been born, the date of birth, the sex, the race or color, the place of birth, the full name of the mother, the mother's maiden name, the mother's birthplace, the full name of the father, the father's occupation, and the father's birthplace. The said schedule shall be delivered daily, signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 5. And be it further enacted, and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or supervision a birth shall occur, shall, within the month of the birth, register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been born, the date of birth, the sex, the race or color, the place of birth, the full name of the mother, the mother's maiden name, the mother's birthplace, the full name of the father, the father's occupation, and the father's birthplace. The said schedule shall be delivered daily, signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

L01135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other person who makes this Return,.....

Address,.....

Remarks,.....

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.
Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall occur, shall keep a true and correct record of such birth, and shall enter the same on blank schedules to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, entered in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Health, and shall occur without the attendance of a physician or practitioner of midwifery or shall be reported by the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ^A 10.136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 31st

4. Place of Birth, (Street and Number) Bond 836

5. Full Name of Mother, Ella Yanka

6. Mother's Maiden Name, Gasinska

7. Mother's Birthplace, Poland

8. Full Name of Father, Adam Yanka

9. Father's Occupation, Laborer

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotzka

Address, 806 S. Bond St.

Remarks, 602 S. Bond St.

Section 10. And be it further enacted and ordained that every person practicing as a physician or midwife in the City of Baltimore, who is not a resident of the City, shall keep a true and correct record of all births which he or she may attend, and shall deliver the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time and in the manner prescribed in this section. And be it further enacted and ordained that every person practicing as a physician or midwife in the City of Baltimore, who is not a resident of the City, shall keep a true and correct record of all births which he or she may attend, and shall deliver the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time and in the manner prescribed in this section. And be it further enacted and ordained that every person practicing as a physician or midwife in the City of Baltimore, who is not a resident of the City, shall keep a true and correct record of all births which he or she may attend, and shall deliver the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time and in the manner prescribed in this section.

RETURN OF A BIRTH. *A*

L01137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd / 93

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 21

4. Place of Birth, (Street and Number)

No. 215 N. Washington

5. Full Name of Mother,

Eva Ellbrick

6. Mother's Maiden Name,

Bauer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Ellbrick

9. Father's Occupation

paper hanger

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs. L. Gross

Address,

No. 907 E. Monument St.

Remarks,

L01138

re City.

4

- Male

Harry L. Swayne

Wm. J. C. Dulany Co., City Printers and Stationers.

SECTION 7.—And he it further enacted, That every person practicing midwifery in the City of Baltimore, who shall be charged with the duty of registering births, shall keep a true and correct record of the same, and shall enter the same on blank schedules, to be furnished by the Commissioner of Health, and shall set forth as far as the same of the births which have occurred under his or her supervision, the full name of each child, (if any shall be born), the sex, color, the full name and occupation in the form of the Commissioner of Health, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health, in the form of the Commissioner of Health, and shall attend upon the mother, immediately after the birth of any child, and shall report its birth to the Commissioner of Health, in the form of the Commissioner of Health, and shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ALO 139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 30 March 1893

4. Place of Birth, (Street and Number) 1127 North Enoch St.

5. Full Name of Mother, Katie Jones

6. Mother's Maiden Name, Katie Bazely

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Jones

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 Cross St.

Remarks, _____

RETURN OF A BIRTH. L01140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female)..... male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 28. 1892

4. Place of Birth, (Street and Number) 209 N High St

5. Full Name of Mother, Goshie Gosnowski

6. Mother's Maiden Name, Losie Liberman

7. Mother's Birthplace, Russia

8. Full Name of Father, Leike Sosnowski

9. Father's Occupation, *Presser of clothes*

(1). Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, *L. J. Gray*
Address, *1000 10th St. N. W.*

Address, No 19 N High St
Remarks.

Remarks,

SECTION 5. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall hereafter take place, shall keep a true and correct record of all the births occurring in the City of Baltimore, and shall set forth as far as the same can be ascertained the full name of each child, its sex, its date of birth, the name of its mother, the name of its father, the date and place of birth, and the name of the physician or practitioner of midwifery, or should no such attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. LO 141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) male.

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 25th March. 1893.

4. Place of Birth, (Street and Number) 1209. Hare st.

5. Full Name of Mother, Laura Habicht.

6. Mother's Maiden Name, Hesmer.

7. Mother's Birthplace, Germany.

8. Full Name of Father, Rudolf Habicht

9. Father's Occupation, Schmiedler.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Miss P. Litschmann.

Address, 1225 Hare street.

Remarks, _____

Extract Regulations of the Health Department in regard to the Record of Vital Statistics in the City of Baltimore.
Section 2.—And he it further enacted and ordained that every person who is in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a record of the same in a book to be furnished by the Commissioner of Health. This record shall contain a list of the names of the parents, the date and place of birth, the sex, color, and occupation of the child, and the name of the physician or practitioner of midwifery who attended the birth, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. LO1142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *27 of March*
4. Place of Birth, (Street and Number) *921 S. Caroline St*
5. Full Name of Mother, *Louise M. Klingelhofer*
6. Mother's Maiden Name, *Louise M. Roberts*
7. Mother's Birthplace, *Balto Md*
8. Full Name of Father, *Louis M. Klingelhofer*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Montgomery City Missouri*
- Name of Medical Attendant, or other person who makes this Return, *Mrs Hannah E Knowles*
- Address, *212 N Patterson Park Ave Balto*
- Remarks, _____

Section 7. And be it further enacted and ordained that every person who shall deliver in the City of Baltimore a child, or who shall attend a birth, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. And be it further enacted and ordained that every person who shall deliver in the City of Baltimore a child, or who shall attend a birth, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 101143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *Colored*

3. Date of Birth, *March 27th 1893*

4. Place of Birth, (Street and Number) *122 Little Sharp St.*

5. Full Name of Mother, *Annie H. Owens*

6. Mother's Maiden Name, *Md.*

7. Mother's Birthplace, *Md.*

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, *J. M. Lawson M.D.*

Address, *622 St. Lombard St.*

Remarks,

101144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 6th

1. Sex, (state whether male or female). Female
2. Race or Color, (if not of the white race). White
3. Date of Birth, March 27th
4. Place of Birth, (Street and Number). Belair Ave 1730
5. Full Name of Mother, Mary Noark
6. Mother's Maiden Name, Mary Becking
7. Mother's Birthplace, Canada
8. Full Name of Father, Frank Noark
9. Father's Occupation, Labor
10. Father's Birthplace, Canada
Name of Medical Attendant, or other person who makes this Return, Mrs. Brown
Address, # 1600 W. Chester St.
Remarks,

Vincent J. C. Dulany Co., City Printers and Stationers

[illegible]

RETURN OF A BIRTH.

LO1145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26, 1893
4. Place of Birth, (Street and Number) 806 Supreme St
5. Full Name of Mother, Minnie C. Currie
6. Mother's Maiden Name, Minnie Pulsehouse
7. Mother's Birthplace, Balto
8. Full Name of Father, George C. Currie
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto
Name of Medical Attendant, or other person who makes this Return, Mary L. Currie
Address, 726 Supreme St
Remarks,

Section 10. Every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician or practitioner of midwifery, shall keep a true and correct record of all births occurring in the City, and shall enter the same on blank schedule to be provided for that purpose, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A101146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *29th May 1893*

4. Place of Birth, (Street and Number) *2nd St. No. 209*

5. Full Name of Mother, *Marie Schwal*

6. Mother's Maiden Name, *Weyer*

7. Mother's Birthplace, *Germanien*

8. Full Name of Father, *Georg Schwal*

9. Father's Occupation, *Work Man*

10. Father's Birthplace, *Germanien*

Name of Medical Attendant, or other person who makes this Return, *Marceline Schwal*

Address, *2nd St. No. 209*

Remarks, _____

ALO 147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...4

1. Sex, (state whether male or female). Female

2. Race or Color, (if not of the white race).....white

3. Date of Birth,.....March 24th 1873

4. Place of Birth, (Street and Number)..... No 332 Ramsey St.

5. Full Name of Mother,..... Mary Katherine

6. *Mother's Maiden Name,*.....*Mary Tupper*.....

7. *Mother's Birthplace,*.....*Baltimore*

8. Full Name of Father, Jefferson Hamermeleh

9. *Father's Occupation*..... *Batman*

10. *Father's Birthplace,* *Baltimore*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

Record of Vital Statistics in the City of Baltimore.

Section 3. And he is further enacted and ordained that every person practicing medicine in the City of Baltimore under such license shall be and he is required to keep a true and correct register of such births, and shall enter the same in a blank book, which shall be kept in his office, and which shall contain a list of the births which have occurred under his or her control during each month, and shall file the same in the office of the Commissioner of Health, and shall retain the same until the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the said day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the day of the practitioner's absence from the City, or should no other person be in attendance upon the mother, immediately after the birth of the child the person or persons of such child to report its birth to the Commissioner of Health, in the manner and without delay, and if any such person or persons shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 7.—And he it further enacted and ordained that every person practicing medicine in the City of Baltimore, who shall be charged with the supervision of a birth, shall keep a true and correct record of the same, and shall be liable to the penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 101148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 23, 1893

4. Place of Birth, (Street and Number) 815 Groves St

5. Full Name of Mother, Emma Becks

6. Mother's Maiden Name, Emma Becks

7. Mother's Birthplace, Balto

8. Full Name of Father, John H. Becks

9. Father's Occupation, Sailor

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L. Swaine

Address, 726 Luzerne St

Remarks,

Section 5. - And be it further enacted, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence or direction the birth of a child shall occur, shall register of such birth, and shall enter the same on a blank schedule, to be furnished by the City of Baltimore, and shall cause the same to be filled up with the full name of each child, (if any shall have been born), the date of its birth, its sex, color, the full name and occupation of its mother, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind or persons born to the Commissioner of Health, in the manner and within the period above required, and any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. 101149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 +

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 23 - 1893.

4. Place of Birth, (Street and Number) 1919 Canton Av.

5. Full Name of Mother, Magi Ratenbos

6. Mother's Maiden Name, Magi Bahsman

7. Mother's Birthplace, Baltimore M. D.

8. Full Name of Father, Maris Ratenbos

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 1913 Eastern Av.

Remarks,

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.
Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall be in charge or superintendence a birth shall hereafter take place, shall be registered in the City of Baltimore, and shall set forth as far as the same can be ascertained the full name of the mother, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth of the child, and every other fact which shall occur with the mother immediately thereafter. It shall be the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, to be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **A** 101150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 21, 1893

4. Place of Birth, (Street and Number) 2210 Essex St

5. Full Name of Mother, Barbara Bress

6. Mother's Maiden Name, Barbara Bannier

7. Mother's Birthplace, Balto

8. Full Name of Father, Nichol Bress

9. Father's Occupation, Dryer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas. L. Lawrence

Address, 126 Luzerne St.

Remarks, _____

RETURN OF A BIRTH. 10151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female).....Female

2. Race or Color, (if not of the white race)

3. Date of Birth..... March 18- 1893

4. Place of Birth. (Street and Number) 838 Cranby St

5. Full Name of Mother, Johanne Hediger

6. *Mother's Maiden Name.*..... *O'Donnell*

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Rejcek

9. Father's Occupation..... *Laboreer*

10. *Father's Birthplace,*..... *Baltimore*

Name of Medical Attendant, or other person who takes this Return *Wm. Harris*

Address, 1423 E. Oak St. H.

Remarks

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White race

3. Date of Birth, March 1893/94

4. *Place of Birth, (Street and Number)* 16217 50th Ave

5. Full Name of Mother, Rachel Hochstetler

6. Mother's Maiden Name, Gashector

7. Mother's Birthplace, Missouri

8. Full Name of Father, Ernest Lachslager

9. Father's Occupation..... Shop Making

0. Father's Birthplace, Austrian

Name of Medical Attendant, or other person who makes this Return Midwife Leana Baller

Address, 46 East York Str.

Remarks,

RETURN OF A BIRTH. L01153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. *Date of Birth,* Mar 9th '93

4. Place of Birth, (Street and Number) 553 Orchard St. Balt.

5. *Full Name of Mother,*

6. Mother's Maiden Name, Sarah Jenkins

7. Mother's Birthplace, Amherst, Amherst Co.

8. Full Name of Father, John S. Cross

9. Father's Occupation, Driver

10. Father's Birthplace, Waverly, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, E. J. Reed

Address,..... 417 Madison Ave Balto

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

Extract Regulations of the Fourth Edition

RETURN OF A BIRTH. L01154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female).....female.....

2. Race or Color, (if not of the white race).....

3. *Date of Birth*,..... 8. *th* of March.

4. *Place of Birth, (Street and Number)*-----*Flare St. 110.*

5. Full Name of Mother, Herbertine Walker

6. Mother's Maiden Name, Mine

7. Mother's Birthplace, Georgia

8. Full Name of Father, Lorenzo Batic.

9. *Father's Occupation*..... *Farmer*

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return *Alfred J. Lee*

Address, 1235 Haver St. 0

Remarks,

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall be charged with the supervision of a birth shall hereafter take place on the blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the name of the child, the date of birth, the sex, color, the full name and occupation of its parents, the date of birth, if any shall have attended upon the mother, immediately thereafter, it shall be the duty of the person or persons of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. LOM155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.
1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race)
3. Date of Birth, 3. 11 of March.
4. Place of Birth, (Street and Number) 1337 Hare St.
5. Full Name of Mother, Johana Banasch
6. Mother's Maiden Name, Weiss.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Banasch
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany.
- Name of Medical Attendant, or other person who makes this Return, Miss Dr. Sierseman
- Address, 1225 Hare St.
- Remarks,

101156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 24, 1893
4. Place of Birth, (Street and Number) Baltimore City, 16 W. ...
5. Full Name of Mother, Louise F. Garrison
6. Mother's Maiden Name, Louise F. Mardigan
7. Mother's Birthplace, Germany
8. Full Name of Father, Samuel J. Garrison
9. Father's Occupation, Night Watchman
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other person who makes this Return, Mrs. M. B. ...
- Address, 122 Hamilton St
- Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. L01157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 2, 1895*
4. Place of Birth, (Street and Number) *111 E. 5th St. Baltimore, Md.*
5. Full Name of Mother, *Annie M. Sunderland*
6. Mother's Maiden Name, *Quincy*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John J. Sunderland*
9. Father's Occupation, *Boatman*
10. Father's Birthplace, *Baltimore County, Md.*
Name of Medical Attendant, or other person who makes this Return, _____
Address, *Martha E. King*
Remarks, *5-7-1900*

Wm. J. C. Dulany Co., City Printers and Stationers.

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.
SECTION 7. And be it further enacted, and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall occur, shall keep a true and correct register of such birth, and shall enter the same on blank schedule to be provided for that purpose, and shall immediately thereafter report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

101158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Casamier Jakubowski*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1.*
1. Sex, (state whether male or female) *male.*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *1st of March.*
4. Place of Birth, (Street and Number) *809. Leisern street.*
5. Full Name of Mother, *Teresea Jakubowski*
6. Mother's Maiden Name, *Picani, Pint*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Joseph Jakubowski*
9. Father's Occupation, *Laborer.*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other person who makes this Return, *Miss P. Seesebaum*
Address, *1225 Hunc street*
Remarks, _____

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.
SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under the license granted by the Board of Health, shall, within the month next following the birth of each child, file with the Registrar of the Board of Health, a certificate of birth, in the form and to the effect hereinafter prescribed, to be furnished by the Commissioner of Health. This certificate shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. E01160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 17th 1893

4. Place of Birth, (Street and Number) 1529 Lancaster

5. Full Name of Mother, Mary Semarat

6. Mother's Maiden Name, Bohernger

7. Mother's Birthplace, John Semarat

8. Full Name of Father, Carpenter

9. Father's Occupation, Bohernger

10. Father's Birthplace, Mary Bohernger

Name of Medical Attendant, or other person who makes this Return, Mary Bohernger

Address, 205 N. Washington

Remarks, _____

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present upon the mother, immediately thereafter the birth of such child shall be reported to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

L01161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 16th 1893

4. Place of Birth, (Street and Number) 235 Leonard St

5. Full Name of Mother, Florence G. M. G.

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Germany

8. Full Name of Father, Edward G. M. G.

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary H. G. M. G.

Address, 205 1/2 Washington St

Remarks, Balto Med

Extract Regulations of the Health Department to receive a full and correct Record of Vital Statistics in the City of Baltimore.
SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall retain the same until called for by the Commissioner of Health, and shall deliver the same to the Commissioner of Health, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **A** **L01162**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file the same with the Registrar of Vital Statistics, within the time and in the manner prescribed in this section. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, not less than the third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or a midwife, or should no other person be in attendance upon the mother, and the practitioner shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, and to report to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,..... 16 March 1893

4. Place of Birth, (Street and Number)..... 141 N. Lombard St.

5. Full Name of Mother,..... Anna Maria Miller

6. Mother's Maiden Name,..... Anna Maria Miller

7. Mother's Birthplace,..... Germany

8. Full Name of Father,..... George Miller

9. Father's Occupation..... Miller

10. Father's Birthplace,..... Germany

Name of Medical Attendant, or other person who makes this Return,..... Dr. H. L. Miller

Address,..... 800 Eastern Hall, N. E.

Remarks,

SECTION 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of such births, and shall enter the same on a blank schedule to be furnished by or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been born in the City of Baltimore, the date of birth, the race or color, the sex, the name of the mother, the name of the father, the name of the medical attendant, the place of birth, the date of birth, the day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. **L01164**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *March 21st*

4. Place of Birth, (Street and Number) *1626 N Dallas st*

5. Full Name of Mother, *Larah F Pohler*

6. Mother's Maiden Name, *" " Gortman*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *John P. Pohler*

9. Father's Occupation, *Shipping Clerk*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return, *Mrs Julia Groome*

Address, *944 1 Gay st*

Remarks, _____

RETURN OF A BIRTH. **L01164**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, March 21st

4. Place of Birth, (Street and Number) 1626 N Dallas st

5. Full Name of Mother, Larah S Pohler

6. Mother's Maiden Name, " " Fortman

7. Mother's Birthplace, Balto

8. Full Name of Father, John P. Pohler

9. Father's Occupation, Shipping Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 1 Bay st

Remarks, _____

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. **L01165**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 27th 1893

4. Place of Birth, (Street and Number) 1612 N. Bethel

5. Full Name of Mother, Margaret Clayton

6. Mother's Maiden Name, Deaver

7. Mother's Birthplace, Beltr

8. Full Name of Father, James P. Clayton

9. Father's Occupation, Carpenter

10. Father's Birthplace, Cincinnati, Ohio

Name of Medical Attendant, or other person who makes this Return, Dr. B. Billingsley

Address, 1206 E. Princeton

Remarks,

Section 7.—And he is further enacted, that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall occur, shall be bound to file with the Registrar of Vital Statistics, a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conceived, sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. L01166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 2 1893

4. Place of Birth, (Street and Number) 1203 Lorrester St

5. Full Name of Mother, Mary E Spriggs

6. Mother's Maiden Name, Mary E Crumell

7. Mother's Birthplace, Howard County

8. Full Name of Father, William H Spriggs

9. Father's Occupation, Coachman

10. Father's Birthplace, Burthietville

Name of Medical Attendant, or other person who makes this Return, Walter Polk St

Address, Walter Polk St

Remarks, —

RETURN OF A BIRTH. A. L01167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....2.....

1. Sex, (state whether male or female).....Female

2. Race or Color, (if not of the white race)---Colored

3. *Date of Birth,* May 17

4. Place of Birth, (Street and Number).....1209 Lorrester St

5. Full Name of Mother, Gary Hawkins

6. Mother's Maiden Name, Fanny Harte

7. Mother's Birthplace, St. Mary County

8. Full Name of Father, George Hawkins

9. Father's Occupation..... Labouring

10. Father's Birthplace, Sweet and Patton's County

Name of Medical Attendant, or other person who makes this Return, Walter B. Baker Jr

Address, Wester Terrace 509, Preston

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall be required to file a register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, of any shall have been conferred on its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its birth, and shall be delivered forthwith to the office of the Commissioner of Health. In case the birth of a third child of a child delivered forth to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SECTION 1. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall be charged with the duty of superintending a birth, shall keep a true and correct record of all births occurring in the City of Baltimore, and shall file the same with the Registrar of Vital Statistics, Board of Health, Baltimore City, at the expiration of each month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second of each month, to the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall be filed by him without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. **L01168**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *March 6th 1893*
4. Place of Birth, (Street and Number) *1241 E. Eager*
5. Full Name of Mother, *Lizzie Bangh*
6. Mother's Maiden Name, *Hergensether*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Anthony Bangh*
9. Father's Occupation, *porter*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other person who makes this Return, *Mr. B. Billingslee*
- Address, *1206 E. Preston St*
- Remarks,

Section 10. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, shall keep a true and correct register of such births and shall enter the same on a blank schedule to be furnished to him by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the name and occupation of its parents, the date and place of birth, and the sex of the child. The said schedule shall be delivered to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. *A* L01169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 23rd 1893*

4. Place of Birth, (Street and Number) *1632 E. Eager*

5. Full Name of Mother, *Catherine Hughes*

6. Mother's Maiden Name, *Bogoy*

7. Mother's Birthplace, *Mission*

8. Full Name of Father, *Michael Hughes*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Balti*

Name of Medical Attendant, or other person who makes this Return, *Mr. B. Billigaler*

Address, *1206 E. Proctor*

Remarks,

Record of Vital Statistics in the City of Baltimore.

[illegible]

1. Sex, (state whether male or female).....Male

2. Race or Color, (if not of the white race) Colored race

3. Date of Birth, the 2 all march

4. Place of Birth, (Street and Number) Baltimore 434 Ashcroft St

5. Full Name of Mother, Nellie Burnt

6. Mother's Maiden Name, Willie Thelma

7. Mother's Birthplace, *Upward Co md*

8. Full Name of Father, John Barnes

9. Father's Occupation, *Leatherman*

10. Father's Birthplace, Howard Co Md

Name of Medical Attendant, or other person who makes this Return,

Address, 538 Baker St

Remarks, Mrs Alice Barnes

Record of Vital Statistics in the City of Baltimore.

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of every birth occurring in the City of Baltimore, and shall set forth in a book, to be furnished by the Commissioner of Health, the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon its birth, the mother, immediately thereafter, shall become the duly authorized person, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female)..... *Female*

2. Race or Color, (if not of the white race)..... *Colored Race*

3. Date of Birth,..... *The 1st of January*

4. Place of Birth, (Street and Number)..... *Baltimore 1830 Kitting St*

5. Full Name of Mother,..... *Baltimore Hattie Respass*

6. Mother's Maiden Name,..... *Hattie Moore*

7. Mother's Birthplace,..... *Wilmington N.C.*

8. Full Name of Father,..... *Eli Moore*

9. Father's Occupation,..... *Waiter*

10. Father's Birthplace,..... *North Carolina*

Name of Medical Attendant, or other person who makes this Return,.....

Address,..... *1538 Baker St*

Remarks,..... *Mrs. Alice Rogers*

L01172

A

2. *Birth*

1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *N. Durham St - March 3d 1893.*
4. Place of Birth, (Street and Number) *N. Durham St -*
5. Full Name of Mother, *Amanda Jane Baker.*
6. Mother's Maiden Name, *A. J. Wilson.*
7. Mother's Birthplace, *Edgewood, Harford County Maryland.*
8. Full Name of Father, *Ferry Baker.*
9. Father's Occupation, *Merchant.*
10. Father's Birthplace, *Baltimore County Maryland.*
Name of Medical Attendant, or other person who makes this Return, *Dr. John Davis -*
Address, *2102 Orleans St -*
Remarks, *Natural Delivery.*

Wm. J. C. Dulany Co., City Printers and Stationers.

L01173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 11. 1893
4. Place of Birth, (Street and Number) 706 W. Montford Ave.
5. Full Name of Mother, Barah Ann J. Mickinman
6. Mother's Maiden Name, J. A. J. Miller
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Charles W. Mickinman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore Maryland
Name of Medical Attendant, Dr. John Davis
Address, 242 Orleans St.
Remarks, Receipt delivered.

Wm. J. C. Dulany Co., City Printers and Stationers.

SECTION 1. And be it further enacted, that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall occur, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Registrar of Vital Statistics, within the month, and shall not for any cause fail to do so. The said schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filled out by the midwife or practitioner of health, and shall be delivered, duly signed by the practitioner of health, to the Registrar of Vital Statistics, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of health, or should no other person be in attendance, the mother, immediately thereafter, shall become the duty of the person or persons of such sex, color, race, or condition, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. **A** L01174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*.
1. Sex, (state whether male or female) *Male*.
 2. Race or Color, (if not of the white race) *White*.
 3. Date of Birth, *April 12th 1893*.
 4. Place of Birth, (Street and Number) *1123 Woodyear St*.
 5. Full Name of Mother, *Laura Jane Rave*.
 6. Mother's Maiden Name, *L. J. Allbright*.
 7. Mother's Birthplace, *Oregon. Battimore County Maryland*.
 8. Full Name of Father, *Frank L. Rave*.
 9. Father's Occupation, *Blacksmith and General Agent*.
 10. Father's Birthplace, *Cockeysville Maryland*.
- Name of Medical Attendant, or other person who makes this Return, *D. John Davis*
- Address, *210 E. Calumet St*
- Remarks, *Natural Delivery*.

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter be made, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall cause the same to be signed by the practitioner in the presence of the Commissioner of Health, and shall deliver the same to the Commissioner of Health, on or before the third day of each and every month to the office of the Commissioner of Health. In case the practitioner shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. L01175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

SECTION 7. And be it further enacted and ordained that every person attending a delivery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall be bound to file a record of such birth in the Office of the Registrar of Vital Statistics, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the day of the birth of a child, the person or persons who shall be present at the birth, shall immediately thereafter file a record of such birth in the Office of the Registrar of Vital Statistics, to be furnished by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. **L01176**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *April 7th 1895*

4. Place of Birth, (Street and Number) *1104 Light St.*

5. Full Name of Mother, *Barah Gans.*

6. Mother's Maiden Name, *Moses*

7. Mother's Birthplace, *Baltw*

8. Full Name of Father, *Samuel Gans*

9. Father's Occupation, *Shoe Muncher.*

10. Father's Birthplace, *Baltw*

Name of Medical Attendant, or other person who makes this Return, *Edw. M. Brown*

Address, *207 Avenue*

Remarks,

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall occur, shall keep a true and correct register of such birth, and shall enter the same in a blank schedule provided by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his supervision, and shall set forth as far as the same can be ascertained the full name of each child, if any shall be born, the name and occupation of its parents, the date and place of birth; and the name and occupation of the midwife or practitioner of midwifery, of the person or persons who attended upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. **A** L01177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, April 27/93

4. Place of Birth, (Street and Number) 163 N. Front St.

5. Full Name of Mother, Mary A. Delaney

6. Mother's Maiden Name, W. W. Murray

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Delaney

9. Father's Occupation, Living State Super

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Edmund J. Mendenhall

Address, 208 Arundel St

Remarks, _____

Record of Vital Statistics in the City of Baltimore.
SECTION 7.—And he it further enacted and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall occur, shall keep a true and correct record of the same, and shall enter the same on blank schedule, to be provided for that purpose by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge, and shall set forth as follows: the name of the child, its sex, color, the full name of its mother, the date and place of birth, the day of each and every month to the office of the Commissioner of Health, or the physician or practitioner of midwifery, or other person in attendance upon the mother, immediately thereafter, it shall become the duty of the person in attendance upon the mother to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 14 1893

4. Place of Birth, (Street and Number) 1701 Barclay

5. Full Name of Mother, Joseph B. Connolly

6. Mother's Maiden Name, Gilly

7. Mother's Birthplace, Balk

8. Full Name of Father, Wm J. Connolly

9. Father's Occupation, Matchman

10. Father's Birthplace, Balk

Name of Medical Attendant, or other person who makes this Return, J. B. [Signature]

Address, Englewood [Signature]

Remarks, _____

Section 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license or certificate of the Board of Health, shall keep a true and correct record of all births occurring in the City of Baltimore, and shall cause the same to be entered in the Record of Vital Statistics, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of the child, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the medical attendant, and shall sign the certificate in the form of a certificate between the first and third day of each month, and shall deliver the same to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a medical attendant, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately the birth of such child shall be reported to the office of the Commissioner of Health, in the manner and form provided in this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A101179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, April 30 1893
4. Place of Birth, (Street and Number) 1823 N. Carlisle st.
5. Full Name of Mother, Lidia B. Schmitt
6. Mother's Maiden Name, " " Veit
7. Mother's Birthplace, Balto
8. Full Name of Father, William B. Schmitt
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, Edmund M. Drew
- Address, 208 Avenue
- Remarks, This was the 1st of the twins born

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore

[illegible]RETURN OF A BIRTH **A** **L01180**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *April 2 1893*

4. Place of Birth, (Street and Number) *414 Colvin St.*

5. Full Name of Mother, *Mary Mullen*

6. Mother's Maiden Name, *Quinn*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Thomas J. Mullen*

9. Father's Occupation, *Boiler Maker*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other person who makes this Return, *Dr. J. M. Quinn*

Address, *208 Ave. 1st St.*

Remarks,

Sections. And be it enacted, that every person practicing midwifery in the City of Baltimore, who shall deliver a child, or who shall be present at the delivery of a child, shall, within three months after the date of such delivery, file with the Registrar of Vital Statistics, a list of the births which have occurred during the month, and shall set forth as far as possible, the name, sex, color, date and place of birth, the name of the mother, the name of the physician or practitioner of midwifery, or, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the name of the person attending upon the mother, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-4-59
RETURN OF A BIRTH. L01181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rebecca Beatrice Cohn

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, April 18, 93
 4. Place of Birth, (Street and Number) 1614 Centur Ave
 5. Full Name of Mother, Rosa Cohn
 6. Mother's Maiden Name,
 7. Mother's Birthplace, Europe
 8. Full Name of Father, Myer Cohn
 9. Father's Occupation, Shoemaker
 10. Father's Birthplace, Europe
- Name of Medical Attendant, or other person who makes this Return, Mrs. Cecelia Bernstein
- Address, 122 S. Exeter str
- Remarks,

And he who further enacted and ordained that every letter take place in the City of Baltimore under whose charge a birth shall be recorded, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SIXTH NAME ADDED 6-4-59
RETURN OF A BIRTH. A L01182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Barnes Adrean
No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
 2. Race or Color, (if not of the white race) White.
 3. Date of Birth, 1893-April 7th 11:30 AM.
 4. Place of Birth, (Street and Number) 1128 Penna Ave.
 5. Full Name of Mother, Alice Adrean.
 6. Mother's Maiden Name, Alice Barnes.
 7. Mother's Birthplace, Baltimore City.
 8. Full Name of Father, C. C. Adrean D.D.S.
 9. Father's Occupation, Dentist.
 10. Father's Birthplace, Pocomoke City.
- Name of Medical Attendant, or other person who makes this Return, John Pennington M.D.
Address, 1716 Linden Ave.
Remarks,

RETURN OF A BIRTH **L01183**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Light Brown Colored*
3. Date of Birth, *April the 12 1893*
4. Place of Birth, (Street and Number) *Pahoby St No 1216*
5. Full Name of Mother, *Reginnia Banks*
6. Mother's Maiden Name, *Reginnia Pennell*
7. Mother's Birthplace, *Eastern Shore Md*
8. Full Name of Father, *Abraham Banks*
9. Father's Occupation, *Laborer Brick yard*
10. Father's Birthplace, *Eastern Shore Md*
Name of Medical Attendant, or other person who makes this Return, *Annie Grant*
Address, *2715 N. Durham St.*
Remarks, *Midwife*

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge, and in whose presence a birth shall hereafter take place, shall, within a time and correct manner, as shall be determined by the Board of Health, keep a record of all births occurring under his or her care during the month, and shall set forth the name, sex, color, the name and occupation of its parents, the day of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth occurs on the day of attendance, without the attendance of a physician or practitioner of midwifery, or should no other person or child to report its birth to the Commissioner of Health, in the manner and at the time above required, and any such person or person shall hereafter fail to comply with the provision of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. ALO1184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 22 1893
4. Place of Birth, (Street and Number) 1935 Brunst
5. Full Name of Mother, Mollie Johnson
6. Mother's Maiden Name, Mollie Burley
7. Mother's Birthplace, Gaston Shor. M. D.
8. Full Name of Father, George Johnson
9. Father's Occupation, Garage carrier
10. Father's Birthplace, Keystone Pen

Name of Medical Attendant, or other person who makes this Return, Hester Cotton

Address, 509 Preston

Remarks, _____

RETURN OF A BIRTH **L01185**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 724

1. Sex, (state whether male or female) *male*

2. Race or color, (if not of the white race) *white*

3. *Date of Birth,* 1. April 1893

4. Place of Birth, (Street and Number) *Sutton Park No 26*

5. Full Name of Mother, *Etha Siligee*

6. Mother's Maiden Name, *Lina Langhorne*

7. Mother's Birthplace, Baltimore

8. Full Name of Father, *Nikolaus Klingel*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. *W. H. Kimbrough*

Address, 120 Madison Ave. N.Y.

Remarks,

RETURN OF A BIRTH L01186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Infants - Twins*

1. Sex, (state whether male or female) *Males*
2. Race or color, (if not of the white race) *Whites*
3. Date of Birth, *3 March 1898*
4. Place of Birth, (Street and Number) *Harlem Avenue 840*
5. Full Name of Mother, *Hire Targent Haupt*
6. Mother's Maiden Name, *Hire Targent*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Theodor Haupt*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *W. T. Hammond*

Address, 220 W. Madison St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

over
A. L01187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Riley E. Miller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)..... Male.
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... April 20, 1893.
4. Place of Birth, (Street and Number)..... 407 Third Avenue
5. Full Name of Mother,..... Elizabeth - Miller
6. Mother's Maiden Name,..... Lehmann.
7. Mother's Birthplace,..... Ind.
8. Full Name of Father,..... Riley Allen Miller.
9. Father's Occupation,..... Barber.
10. Father's Birthplace,..... Ind.

Name of Medical Attendant, or other person who makes this Return, Mrs. Hosch

Address, 407 Third ave

Remarks, I forgot to report cash

Corrected from ~~Family~~ Family Bible Record

See doc. file reg. # L01187

11-19-42 Gladys Harback

Record of Vital Statistics in the City of Baltimore
SECTION 1. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter be registered, shall be required to register the birth, and shall enter the same on a blank schedule, to be furnished by the City of Baltimore, within the month, and shall forth with as for the same, and shall enter the date of the birth, the name of the mother, the sex, color, the full name and occupation of the practitioner in the birth, the date and place of birth; and the parentage shall be delivered, duly signed by the practitioner in the birth, and attested between the first and third day of each and every month to the office of the Commissioner of Health, or should the birth of any child take place without the attendance of a physician or practitioner of midwifery, or should the mother, immediately thereafter, be required to report the same to the Commissioner of Health, in the manner and within the period above provided, and if any such person or persons shall fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A L01188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) N. Lile

3. Date of Birth, April 2nd 1893,

4. Place of Birth, (Street and Number) 227. H. Madhura St

5. Full Name of Mother, Mary Langer

6. Mother's Maiden Name, *M. Furb*

7. Mother's Birthplace, *Bohemia.*

8. Full Name of Father, *Joseph Lamm*

9. Father's Occupation, *Chapman A. - Mechanic*

10. Father's Birthplace *Alger, Louisiana*

Name of Medical Attendant, or other person who makes this Return, S. John Davis

Address, 2102, Orleans St.

Remarks, *Forceps delivered*

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose attendance a birth shall hereafter take place, shall keep a true and correct record of the same, and shall enter the same in a book to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have been conferred in the City of Baltimore, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth, the name and occupation of its parents, the date and place of birth of the mother, the name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report its birth to the Commissioner of Health, in the manner and within the time hereinafter required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. **A** L01189
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *Cottard Colard*
3. Date of Birth, *May 15th 1893*
4. Place of Birth, (Street and Number) *Baltimore N^o. 1716. Cairo St*
5. Full Name of Mother, *Florence Jane Dorsey*
6. Mother's Maiden Name, *Florence Jane Sheppard*
7. Mother's Birthplace, *Carroll County Maryland*
8. Full Name of Father, *Stephen Dorsey*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Howard County Maryland*

Name of Medical Attendant, or other person who makes this Return, *Alice Barnes.*
Address, *538 Baker St Baltimore. M.C.*
Remarks,

SECTION 7.—And be it further enacted, that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth occurs, shall keep a true and correct register of the same, and shall enter the same on blank schedule, to be provided for that purpose, and shall set forth as far as may be ascertained, the full name of each child, if any child has been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or should the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child occur upon the mother immediately thereafter, in the manner and within the period above required, such child to be registered, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 d.*
1. Sex, (state whether male or female) *female.*
2. Race or Color, (if not of the white race) *white.*
3. Date of Birth, *May 19.*
4. Place of Birth, (Street and Number) *313 Ringold Street.*
5. Full Name of Mother, *Pauline Stink.*
6. Mother's Maiden Name, *Pauline Waldmann.*
7. Mother's Birthplace, *Köstritz, Germany.*
8. Full Name of Father, *Frank Stink.*
9. Father's Occupation, *Taylor.*
10. Father's Birthplace, *Debeneth, Bohemia.*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Seebach.*
- Address, *735 N. Pratt St.*
- Remarks, _____

Section 1. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth has occurred, shall keep a true and correct record of such birth, and shall enter the same on a blank form provided for that purpose by the Commissioner of Health, and shall retain the same for a period of one month, and shall submit the same to the Commissioner of Health for his examination and signature, and shall file the same with the Commissioner of Health, and shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7/21/60 **RETURN OF A BIRTH.** **L01191**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: (Twin #1) Reginald Buchta
Name: (Twin #2) Frederick Buchta
No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 x 3

1. Sex, (state whether male or female) males
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, March 7th 1893
 4. Place of Birth, (Street and Number) 1620 N Spring
 5. Full Name of Mother, Mary R. Buchta
 6. Mother's Maiden Name, Campbell
 7. Mother's Birthplace, Kentucky
 8. Full Name of Father, J. C. P. W. Buchta
 9. Father's Occupation, Watchman
 10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, M. B. Billingsley
Address, 1206 E. Proctor St
Remarks, _____

Extract Regulations of the Health Department to secure a full and correct
SECTION
And he it further enacted and declared that every person practicing midwifery in the City of Baltimore shall be charge of superintendence a birth shall hereafter take the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a full and correct record of the birth, including the name of the child, the name of the mother, the date of birth, the place of birth, the sex, color, and occupation of the mother, and the name of the practitioner. The schedule shall be filled out by the practitioner, and shall be delivered to the office of the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. *A* L01192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 29th 1893*

4. Place of Birth, (Street and Number) *N. E. Central Ave & Capin*

5. Full Name of Mother, *Bessie Adams*

6. Mother's Maiden Name, *Wills*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Adams*

9. Father's Occupation, *Carver*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mr B. Billingsley*

Address, *1206 E. Preston St*

Remarks,

STATIONER
And he is further enacted and ordained that every person who, in the city of Baltimore, shall be charged with the duty of registering the birth of a child, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 23rd 1893

4. Place of Birth, (Street and Number) 1404 Halbrook

5. Full Name of Mother, Susan Rose

6. Mother's Maiden Name, Staylor

7. Mother's Birthplace, Balti

8. Full Name of Father, Charles Rose

9. Father's Occupation, hack driver

10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return, Dr. B. Billington

Address, 1206 E. Pratt St

Remarks,

L01194

Name - William P. Smith

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother,*6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 3.—And be it further enacted and ordained that every child born in Baltimore under whose charge or superintendence a birth shall hereafter take place shall be registered in the City of Baltimore, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall be filled out with the date of birth, the name of the child, the month, and shall set forth as far as the same can be ascertained, the full name of the child, the date and place of birth, and the name of the mother, and shall be signed by the father, or the mother, or the person having been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its birth, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third occurrence of the attendance of the physician, midwife, or other person in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife, or other person, it shall be the duty of such person to report its birth to the Commissioner of Health, in the manner and within the period of time required by any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CORRECTED BY Life insurance record
SEE DOCUMENT FILE NO. P 21194
DATE 2-27-43 L. Evans
CLERK

Record of Vital Statistics in the City of Baltimore.

SECTION 1. And he further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose child or children he or she shall be licensed, shall be bound to keep a true and correct register of such birth, and shall enter the same on blank schedules provided for that purpose by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her name as Commissioner of Health, and shall be set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, its date of birth, its occupation, its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of Health, and the same shall be filed and shall occur without the attendance of a physician or practitioner of midwifery, or should no child or children be born, the practitioner shall occur without the attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such a nature to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 101195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. *4* Child of Mother, (state whether 1st, 2d, 3d, &c.) *Kindr*
Pup
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *3 May*
 4. Place of Birth, (Street and Number) *Chas. K. Sphere St. 1604*
 5. Full Name of Mother, *Theresa Eser*
 6. Mother's Maiden Name, *Theres Grimm*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Henry Eser*
 9. Father's Occupation, *Labor*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Marie Bell*
 Address, *Chas. K. Sphere St. 1604*
 Remarks, *Chas. K. Sphere St. 1604*

LO1196

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May 6. 1893.

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James L. Brewster

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1005 Oldenburger

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Record of Vital Statistics in the City of Baltimore

Section 1. And be it further enacted and ordained, That the Registrar of Births and Deaths in the City of Baltimore, under whose charge or superintendence a birth shall hereafter occur, shall be and he is authorized to be furnished by the Commissioner of Health, with a blank schedule, to be filled out by him, and to be returned to the Commissioner of Health, and the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of the mother, the full name and occupation of the father, the day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. ^A L01197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 10. 1893.
4. Place of Birth, (Street and Number) 1614 E. Fayette St
5. Full Name of Mother, Hanna Traub
6. Mother's Maiden Name, Klaransky
7. Mother's Birthplace, Europe
8. Full Name of Father, Isaac Traub
9. Father's Occupation, Teacher
10. Father's Birthplace, Europe
- Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein
- Address, 122 S. E. 4th St
- Remarks, _____

RETURN OF A BIRTH.

L01198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 16. 1893.

4. Place of Birth, (Street and Number) 837. W. Lexington Str.

5. Full Name of Mother, Jennie Hollander

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Sol. Hollander

9. Father's Occupation, Tailor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter Str.

Remarks,

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, secured under his or her care during the health, and this schedule shall remain in his or her possession until the child has been delivered, and then, after being conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....3

1. Sex, (state whether male or female).....Male

2. Race or Color, (if not of the white race).....

3. Date of Birth.....May 19 '93

4. Place of Birth, (Street and Number).....210 N. Exeter St.

5. Full Name of Mother.....Hannah

6. Mother's Maiden Name.....Bernier

7. Mother's Birthplace.....Kornic

8. Full Name of Father.....Jacob Fimelstein

9. Father's Occupation.....Carpenter

10. Father's Birthplace.....Kornic

Name of Medical Attendant, or other person who makes this Return.....Mrs. P. S. Sote

Address.....207 S. High St.

Remarks,

LO1200

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- Name of Medical Attendant, or other person who makes this Return, *Edward M. Driscoll*
Address, *708 Assembly St.*

L01201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ~~Female~~ Male

2. Race or Color, (if not of the white race) White

3 Date of Birth. May 19th 93

4. Place of Birth, (Street and Number) 907 MacKenzie St

5. Full Name of Mother, Mary The Coffra

6. Mother's Maiden Name, Sharon Adams

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Daniel McCaffrey*

9. Father's Occupation. *Laborer*

10. *Father's Birthplace* *Ireland*

Name of Medical Attendant, or other person who makes this Return, Amy C. O'Leary, M.D.

Address, 1203 W. Fayette St

Remarks, The above report was quite correct

it so over looks

RETURN OF A BIRTH L01202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (Slate whether male or female)*

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Molher's Maiden Name,*

7. *Mother's Birthplace, ...*

8. Full Name of Father,...

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

RETURN OF A BIRTH. A L01203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race): white

3. Date of Birth, May 24. 1893

4. Place of Birth. (Street and Number) 812 Eastern Ave

5. Full Name of Mother, *Haggie Tallier*

6. *Mother's Maiden Name.* Tollie

7. Mother's Birthplace,.....Italy

8. Full Name of Father, *Dorica Follier*

9. Father's Occupation, *Teacher*

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Herb C Bernstein

Address, ... 122 S. Exeter str

Remarks,

SECTION 7. And he is further enacted and ordained that every person practicing in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall enter the same in a book, to be kept by him, in which he shall record the date, time, place, sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the child, and shall sign the same, and shall deliver the same to the Commissioner of Health, within a reasonable time after the birth of the child, and shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH. L01204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5^d*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *May 25th 1893.*
4. Place of Birth, (Street and Number) *827 Eastern Ave*
5. Full Name of Mother, *Annie Fentonio*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Italy*
8. Full Name of Father, *Dominic Fentonio*
9. Father's Occupation, *Selevator*
10. Father's Birthplace, *Italy*
- Name of Medical Attendant, or other person who makes this Return, *Mrs L Bernstein*
- Address, *122 S. Exeter str*
- Remarks, _____

Record of Vital Statistics in the City of Baltimore.
SECTION 7.—And he it further enacted, and ordained, that the Registrar of Births in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall, within the month next ensuing the birth, take possession of the child, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth therein the name of the child, the sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to cause the same to be entered on the schedule, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L01205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (State whether male or female) 7
2. Race or color, (if not of the white race) wh.
3. Date of Birth, May 30th 1893
4. Place of Birth, (Street and Number) 1375 N. Filmore St.
5. Full Name of Mother, Mary J. Doyle
6. Mother's Maiden Name, " Carr
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Andrew J. Doyle
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto. City
- Name of Medical Attendant, or other person who makes this Return, Samuel Hill M.D.
- Address, 807 N. Arlington Ave
- Remarks,

SECTION 7. And he it further enacted and ordained that every person practicing in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall set forth in a list of the births occurring in his office during the month, and shall set forth as far as the same can be ascertained the full name of the child, the sex, color, date of birth, the date and place of birth, and the name of the mother, and the name of the father, and the name of the medical attendant, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH.

L01206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *May 31st 1893*
4. Place of Birth, (Street and Number) *525 E Monument*
5. Full Name of Mother, *Patie Courtney*
6. Mother's Maiden Name, *Broderick*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Joseph Courtney*
9. Father's Occupation, *Brass Moulder*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Geo. Rynders M.D.*

Address, *711 N Calvert St*

Remarks, _____

RETURN OF A BIRTH.

A L01207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c. st ✓)

1. Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race).*

3. Date of Birth, May 3, rd 1893

4. Place of Birth, (Street and Number) 803. E. Chan St

5. Full Name of Mother, Mary O'Connor

6. *Mother's Maiden Name,* *"* *Stennell*

7. Mother's Birthplace, Ireland

8. Full Name of Father, Miles P. Connor

9. *Father's Occupation.* *Labourer*

10. *Father's Birthplace.* Ireland

Name of Medical Attendant, or other person who makes this Return, Geo. B. Reynolds M.D.

Address, 711 N. Culver St.

Remarks,

[illegible]

SECTION 7.—And be it further enacted, that every person practicing midwifery in the City of Baltimore, under whose charge or supervision a birth shall occur, shall keep a true and correct register of such birth, and shall enter the same on blank schedule to be provided for that purpose, and shall file the same with the Commissioner of Health, in the manner and within the period above required, and shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L01208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 24 May

4. Place of Birth, (Street and Number) 1529 Orleans St

5. Full Name of Mother, Lizzie Degale

6. Mother's Maiden Name, Schudecker

7. Mother's Birthplace, Phila Penn

8. Full Name of Father, Louis Degale

9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm R. Ulrey

Address, 1302 E Lexington St

Remarks,

RETURN OF A BIRTH. L01209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 5th 1893*

4. Place of Birth, (Street and Number) *#225 N. Chester St.*

5. Full Name of Mother, *Kate R. Wencke*

6. Mother's Maiden Name, *K. R. Strecher*

7. Mother's Birthplace, *Baltimore, Maryland*

8. Full Name of Father, *John C. Wencke*

9. Father's Occupation, *Confector*

10. Father's Birthplace, *Baltimore Maryland*

Name of Medical Attendant, or other person who makes this Return, *Dr. John Davis*

Address, *2102, Orleans St.*

Remarks, *Forceps - delivery*

And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under the charge of such midwife shall be required to file with the Registrar of Vital Statistics a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of the mother, the date and place of birth, and the sex of the child, and the name of the physician or practitioner of health, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner and form provided by the laws of this State, to report the same to the office of the Commissioner of Health, and any such person or persons who shall hereafter fail to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable, and be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under the charge of such midwife shall be required to file with the Registrar of Vital Statistics a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of the mother, the date and place of birth, and the sex of the child, and the name of the physician or practitioner of health, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner and form provided by the laws of this State, to report the same to the office of the Commissioner of Health, and any such person or persons who shall hereafter fail to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Each birth certificate shall contain a list of the birth, death, marriage, divorce, and other events, and shall be signed by the Registrar of Vital Statistics, or by a physician or other person who makes this return, and shall be filed in the office of the Registrar of Vital Statistics, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A L01210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 14 1903
4. Place of Birth, (Street and Number) 633 George St.
5. Full Name of Mother, Mary Edw. Gunther
6. Mother's Maiden Name, Borbet
7. Mother's Birthplace, Louden Co. Va.
8. Full Name of Father, Wm. Gunther
9. Father's Occupation, Traveling Salesman
10. Father's Birthplace, Balto.
- Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.
- Address, _____
- Remarks, _____

RETURN OF A BIRTH. L01211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female).....Male

2. Race or Color, (if not of the white race) - White

3. Date of Birth, June 28/93

4. Place of Birth, (Street and Number) 1918 Penna. Ave

5. Full Name of Mother, Eugenia C. Hendon

6. Mother's Maiden Name, L. Fitchett

7. Mother's Birthplace, Portfolk Va.

8. Full Name of Father, Frank C. Hendz

9. Father's Occupation..... Engraver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Christian

Address, 180 Madison Ave

Remarks,

any person who shall deliver a child, or who shall be present at the delivery of a child, shall be liable to a fine of not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. Any person who shall deliver a child, or who shall be present at the delivery of a child, shall be liable to a fine of not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. Any person who shall deliver a child, or who shall be present at the delivery of a child, shall be liable to a fine of not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L01212
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *collar*
3. Date of Birth, *June 28 1893*
4. Place of Birth, (Street and Number) *1713 Garro St Baltimore Md*
5. Full Name of Mother, *Mary E Randall*
6. Mother's Maiden Name, *king I queen Co to Mary Robinson*
7. Mother's Birthplace, *king I queen Co Va*
8. Full Name of Father, *Salomon R. Randall*
9. Father's Occupation, *Waiter*
10. Father's Birthplace, *A A Co Md*
Name of Medical Attendant, or other person who makes this Return *ms Alice Barnes*
Address, *538 Baker St Baltimore Md*
Remarks,

RETURN OF A BIRTH

L01213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 4th 1893*

4. Place of Birth, (Street and Number) *100 N. Washington St -*

5. Full Name of Mother, *Susan Ellen Wallace*

6. Mother's Maiden Name, *S. E. Lee. Courmont*

7. Mother's Birthplace, *Dorchester County Md.*

8. Full Name of Father, *John B. Wallace*

9. Father's Occupation, *Salvage man*

10. Father's Birthplace, *Dorchester Maryland*

Name of Medical Attendant, or other person who make this Return, *John Davis M. D.*

Address, *2102 Orleans St -*

Remarks, *Natural delivery.*

more under whose charge of supervision a birth shall hereafter take place, shall be furnished by the board and correct
Health. This schedule shall contain a line for the name of the child, and shall be set forth as far as the same can be ascertained, the date of birth, the sex, color, the full name, and occupation of its parents, the date of birth, the date of the birth, and the
said schedule shall be signed by the practitioner in the form of a certificate between the first and the
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of Health, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person on parents of such
child to go to the Commissioner of Health, in the manner and within the period prescribed, and to file with him
any such person or persons shall hereafter fail to comply with the provisions of this section shall be liable to
be fined for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L01214**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19th of June

4. Place of Birth, (Street and Number) 15 Lancaster St ext

5. Full Name of Mother, Kate Fisher

6. Mother's Maiden Name, Fisher

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James E. Fisher

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Joseph Harrington

Address, 224 Birming

Remarks, _____

RETURN OF A BIRTH. **A** L01215
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *5th June*

4. Place of Birth, (Street and Number) *1127. Woodysan St*

5. Full Name of Mother, *May H. Wilson*

6. Mother's Maiden Name, *L. H. Thomas*

7. Mother's Birthplace, *Matthews Cr. Ind.*

8. Full Name of Father, *Raymond B. Wilson*

9. Father's Occupation, *Sign Painter*

10. Father's Birthplace, *Wisconsin*

Name of Medical Attendant, or other person who makes this Return, *W. J. Rooster*

Address, *Bennet Ave. Le Robert St.*

Remarks, _____

CERTIFICATE OF CAMERA OPERATOR

I hereby certify that the documents represented by the micrographics appearing on this roll of film designated as Reel No. CR 77, 462 were photographed by the undersigned on this date.

L00610 - L01215

Reel begins with 1892

Reel ends with 1895

By RONALD Doyle

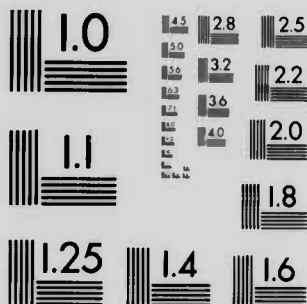
Date 8-1-96

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